

SOUTH-WEST METROPOLITAN REGION



GRAYLINGWELL HOSPITAL

CHICHESTER

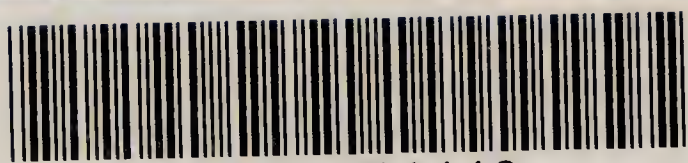
(Group No. 45)



FIFTY-FOURTH

ANNUAL REPORT

1951



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SOUTH-WEST METROPOLITAN REGION

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REPORT

of

GRAYLINGWELL HOSPITAL

CHICHESTER

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The Management Committee.

MR. A. CAIRNS, (*Chairman*).
MR. D. BRYCE, C.ST.J.
MR. H. H. CORDERY, B.E.M.
MRS. A. F. EASTLAND.
DR. L. C. de R. EPPS, M.A., M.B., B.Ch.
MRS. E. M. HOLMAN.
LT.-COL. G. B. KENSINGTON, O.B.E., O.ST.J.
MR. D. A. LANGHORNE, M.B.E., F.R.C.S.
MR. W. J. LANGMEAD.
MRS. M. E. LAWSON.
MR. N. LONGLEY.
MR. W. G. S. NAUNTON.
MRS. P. B. P. NAUNTON.
MR. P. A. NORMAN, J.P.
MR. W. D. PASSMORE.
DR. D. RICE, M.A., M.D., D.P.M.

Sub-Committees.

Farm and Grounds :

MR. W. J. LANGMEAD, (*Chairman*).
MR. D. A. LANGHORNE. | MR. W. D. PASSMORE.
MR. P. A. NORMAN.

House and Stores :

MR. W. G. S. NAUNTON, (*Chairman*).
MR. H. H. CORDERY. | MRS. M. E. LAWSON.
DR. L. C. de R. EPPS. | MR. N. LONGLEY.

Finance :

MR. D. BRYCE, (*Chairman*).
MRS. A. F. EASTLAND. | MRS. P. B. P. NAUNTON.
MRS. E. M. HOLMAN. | LT.-COL. G. B. KENSINGTON.
DR. D. RICE.

Secretary of the Management Committee :

MR. E. C. ENGLAND, F.H.A.

VISITING STAFF.

<i>Physicians</i>	{ H. SEAWARD MORLEY, M.D., F.R.C.P., (Lond.) J. G. J. GREEN, F.R.C.S.I., M.R.C.P.
<i>Physician in Neurology and E.E.G.</i>	B. G. PARSONS-SMITH, O.B.E., M.D., M.R.C.P.
<i>Honorary Psycho-Analyst</i> ...	ERNEST JONES, M.D., F.R.C.P.
<i>Psycho-Therapist</i>	O. B. SHARP, M.B., B.S., M.R.C.S., L.R.C.P.
<i>Surgeons</i>	{ D. A. LANGHORNE, M.B.E., F.R.C.S. (Ed.) A. G. ROSS, F.R.C.S.I.
<i>Ophthalmologists</i>	{ NIGEL CRIDLAND, M.A., D.M., D.O. V. J. FIELDING, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.
<i>Surgeon, Ear, Nose & Throat Department</i>	J. H. HARLEY GOUGH, M.A., M.R.C.S., L.R.C.P.
<i>Anæsthetists</i>	P. R. BROMAGE, M.B., B.S., D.A. S. E. OSBORNE, L.M.S.S.A., D.A.
<i>Radiologist</i>	J. H. BAIRD, M.B., Ch.B., D.M.R.E.
<i>Pathologist</i>	D. P. KING, M.D. (Cantab.)
<i>Dermatologist</i>	COLIN JONES, M.B., B.S.
<i>Dental Surgeon</i>	A. J. ROBERTS, L.D.S., R.C.S. (Eng.)

OFFICERS.

<i>Consultant Psychiatrist and Medical Superintendent.....</i>	JOSHUA CARSE, M.D., D.P.M. (Consultant Psychiatrist to the Royal West Sussex Hospital, Chichester, Worthing Hospital and Horsham Hospital).
<i>Consultant Psychiatrist and Deputy Med. Superintendent</i>	E. P. H. CHARLTON, M.D., D.P.M. (Consultant Psychiatrist to the Chichester Group Hospitals).
<i>Consultant Psychiatrist and Director of Clinical Research</i>	MARTIN ROTH, M.D., M.R.C.P., D.P.M.
<i>Consultant Psychiatrist.....</i>	DAVID RICE, M.A., M.D., D.P.M.
<i>Psychiatrists.....</i>	{ NYDIA E. PANTON, M.A., M.B., Ch.B., D.P.M. VACANT.
<i>Senior Registrars.....</i>	{ JOHN D. MORRISSEY, M.B., B.Ch. D.P.M. DUNCAN FLEMING MACGREGOR, M.A., B.Sc., B.M., B.Ch., D.P.M.
<i>Registrars.....</i>	{ J. TOWERS, B.M., B.Ch., D.P.M. M. SALZMANN L.R.C.P., L.R.C.S., L.R.F.P.S.
<i>Junior Hospital Med. Officer</i>	R. H. PARK, B.Sc., M.B., Ch.B.
<i>House Physician.....</i>	VACANT.
<i>Clinical Psychologist.....</i>	R. M. MOWBRAY, M.A. (Hons.)
<i>Physio-Therapist.....</i>	M. W. HARRY, M.C.S.P., M.E., L.E.T.
<i>Chaplain</i>	REV. J. C. SALISBURY, L.Th. (Durham)
<i>Chaplain, R.C.</i>	REV. J. B. HARTE, B.A. (N.U.I.)
<i>Chaplain, Free Church.....</i>	REV. P. J. SPOONER, B.D.
<i>Secretary of the Management Committee, Finance and Supplies Officer</i>	{ E. C. ENGLAND, F.H.A.
<i>Matron.....</i>	L. DE GRAS, S.R.N., R.M.N., S.C.M.
<i>Chief Male Nurse.....</i>	S. G. RICHARDS, R.M.N.
<i>Social Workers</i>	{ E. E. NEVELL. M. JOSEPHINE BUTCHER, Barrister at Law. BARBARA NEVELL.
<i>Head Occupational Therapist</i>	M. THOMPSON, M.A.O.T., O.T.R.
<i>Chief Pharmacist</i>	JACK FLITCROFT, Ph.C., M.P.S.
<i>E.E.G. Technician.....</i>	J. C. SHAW, B.Sc., Grad. I.E.E. A.M.E.P.T.A
<i>Senior Laboratory Technician</i>	H. A. SEYMOUR A.I.M.L.T., M.R.I.P.H.H.
<i>Engineer.....</i>	J. C. CHYNOWETH, A.M.C.T. (Mech. Eng.)
<i>Farm Bailiff</i>	W. H. HIGGOTT.

SOUTH-WEST METROPOLITAN REGION.

Graylingwell Hospital, Chichester.

(Group No. 45)

The Third Report of the Management Committee

being the

FIFTY-FOURTH

Annual Report of Graylingwell Hospital.

1. INTRODUCTION.

The Management Committee have pleasure in submitting their third annual report since the transfer of the Hospital to the National Health Service being the fifty-fourth since the opening of the Hospital.

Immediately following will be found the annual report of the Medical Superintendent in which Dr. Carse and his medical colleagues have analytically reviewed and most helpfully commented upon the specific treatments which they administer as well as giving a detailed account of the multitudinous associated activities of Graylingwell Hospital and its important extra-mural services.

The report is couched in terms which are easily understandable by lay people and it is the hope of the Committee that it will be widely read, particularly by any who, perhaps through lack of access to authentic information, have hitherto been sceptical of psychiatry and suspicious of mental hospitals.

2. CONSTITUTION OF COMMITTEE.

The Committee much regret that due to the pressure of his many other public appointments, Mr. R. P. Chester, J.P., found

it necessary to resign from membership. They have placed on record their appreciation of the valuable services which he has rendered.

The vacancy was filled by the appointment of Mrs. A. F. Eastland, a lady of wide experience in public affairs and administration, being an Alderman of the Chichester Corporation and a former Mayoress of the City.

With these exceptions, the constitution of the Committee remains unchanged ; a full list of members will be found on page 4 of this report.

3. FINANCE.

The Finance Sub-Committee has met regularly at monthly intervals to examine the accounts and to advise generally on the domestic financial affairs of the Hospital.

It is becoming increasingly apparent that, if the rate of progress is not to be impeded, a much larger allocation of money, and especially of capital money, must be made to the mental hospital service. One of the many very real difficulties which are being experienced, and one which must be common to all Hospitals, is the continuous upward trend in the prices of most commodities, the effect of which is not only to dislocate the present budgetary system but also, and more importantly, to absorb money which could otherwise have been devoted to improving the general services of the Hospital.

During the past year, therefore, details of financial administration have called for special consideration on the part of the Committee and their Officers in order to ensure that the limited funds at their disposal were applied to the utmost advantage.

An inter-current audit has been conducted by the National Health Service Auditors whose report on the accounts for the year ended 31st March, 1950, was completely satisfactory.

4. TREATMENT.

During the year, a total of 728 patients were admitted direct to the hospital for treatment, 334 were discharged as fully recovered, and a further 286 patients who left the Hospital were regarded as "relieved."

The comparable figures for 1949 were:—admissions 738 ; recoveries 307 ; "relieved" patients 235.

It will be seen that the admission rate remains at a high level, though slightly lower than the previous year, and that the rate of discharge has healthily increased.

Taking into consideration the ultimate disposal of patients admitted on urgency orders, 652 of the patients admitted were received on a voluntary basis, 5 as temporary patients and only 71 were classified as certified. The average daily number of patients undergoing treatment in Hospital was 1,117.

With the appointment of Dr. Martin Roth as Director of Clinical Research, the activities of his department have rapidly gained momentum and it is gratifying to report that the Regional Hospital Board has approved and agreed substantially to finance a programme of investigations into treatment to be undertaken over the next two years. The balance of the expenditure involved is being met by the Committee from their "free" monies.

As has already been stated, the subject of treatment has been fully dealt with in the report of the Medical Superintendent.

5. HEALTH.

The general health of the patients and the staff continued to be satisfactory.

There were 92 deaths during the year, mostly due to old age, and the death rate was 8.2%. This is considerably less than the previous year when the number of deaths was 156 and the rate 14.1%.

Nevertheless, the present rate is regarded as high and it may be anticipated that it will remain so until the admissions of aged sick patients can be diverted to accommodation more appropriate to their illness than the wards of a hospital for nervous and mental disorders.

6. MEDICAL STAFF.

Dr. Martin Roth commenced his duties as Director of Clinical Research in August, 1950, but no other changes have occurred among the senior medical staff.

Dr. Ernest Jones, the eminent Psycho-Analyst, who was due to retire on the expiration of his Contract, has agreed to continue as an honorary member of the Consultant Staff; the Committee are honoured by his acceptance of the appointment

and are most grateful to him for his willing co-operation.

The Hospital has been approved by the Royal Medico-Psychological Association as a training school for the Diploma in Psychological Medicine; it also participates in the scheme initiated by the Regional Hospital Board for the training of Psychiatric Registrars.

The Management Committee have again been greatly indebted to the Group Medical Advisory Committee for much helpful advice throughout the year.

7. OTHER STAFF.

A Joint Consultative Committee has been formed and the inaugural meeting was held on the 18th December, 1950. The Management Committee gladly take this opportunity of expressing their satisfaction that relations between themselves, their Officers and the staff are maintained on a most cordial and co-operative basis.

Woodfield House at Oving, formerly a private hotel and now converted into a hostel for male and female nurses, was first occupied on the 14th June, 1950. It is attractively and comfortably furnished and is greatly appreciated by those who live there. It has also been possible to effect improvements in the accommodation provided for the male nurses who reside in the Hospital.

Four staff houses have been erected and the tenancies commenced on the 19th March, 1951. From their examination of the applications submitted for these houses, the Committee were perturbed to find that so many of the staff are still living under difficult conditions, with little prospect of being satisfactorily housed in the immediate future. The need for further houses has been quite definitely established and the Committee hope that more will be built at an early date.

8. STRUCTURAL AND CAPITAL WORKS.

The houses referred to in the preceding paragraph were, of course, erected by Contractors and so far appear to be satisfactory

In addition to the ordinary repairs and redecorations which have been executed by direct labour, a full schedule of improve-

ments has been carried out including the following :—

Central Dining Room provided for senior staff.

New X-Ray apparatus installed.

Hut for Occupational Therapy erected.

Gas Water Heaters installed in most Wards.

New Carding Machine and Dust Extractor installed in Upholsterer's Shop.

Nearing completion is the conversion of the former laundry premises into a unit comprising General Stores, Central Linen Stores and Sorting Rooms, and Needleroom.

Part of the existing General Stores is to be converted into a suite of offices for administrative staff, the remainder being retained for additional storage purposes.

The following items have been included in our "priority" list of capital works :—

Reorganisation of Dairy Farm.

Erection of 16 Staff Houses.

Improvements to Sanitary Annexes.

Provision of Plate-warmers.

Erection of Occupational Therapy Pavilion.

With reference to the alterations in and around the Recreation Hall which were completed at the end of the previous year, a "follow-up" inspection was subsequently made by the County Fire Prevention Officer who in his report to the Committee expressed his gratification that his recommendations had been effected in such a prompt and thorough way and stated that the projection room might well serve as a model of conversion; with the new exits which had been made, the alterations attained a high standard of safety.

9. FARM.

The management of the attested herd of Dairy Shorthorns is once again a matter for congratulation. The average milk yield of 12,260 lbs. was the second highest in the Country and the highest in the County and South-Eastern Region; the "North" Challenge Cup is thus retained for the third successive year.

The general farming activities are also of a high standard and in the Chichester and District Farms Competition for the 200-400 acres class, the Hospital Farm was awarded first

place.

These successes are indicative of the efficiency which has enabled the Farm not only to meet the whole of the Hospital's considerable requirements, but also to make large quantities of produce available to the other Hospitals in the neighbourhood; cropping is in fact planned to provide substantial surpluses for this purpose.

By the purchase of a quantity of dairy equipment, a commencement has been made with the Farm reorganisation scheme. The Committee now await permission from the Regional Hospital Board to proceed with the erection of the new buildings.

With the consent of the Minister of Health, negotiations are now in process for the purchase of Fordwater Meadows, comprising land which has for many years been held on lease and which is considered to be essential for Hospital purposes. The Minister has also agreed that surplus land at Woodfield House should be sold.

10. GENERAL.

As the result of a decision to establish our own Library, the Hospital's long association with the Order of St. John and Red Cross Library has been brought to an end. The Committee desire to place on record their appreciation of the excellent work performed by this Society with particular reference to the assistance which this Hospital has received.

The report of the Secretary, Finance and Supplies Officer and the reports of the Chaplains are appended.

The Management Committee were extremely gratified to receive a most satisfactory report from the Commissioners of the Board of Control who visited the Hospital on the 31st May, 1950, a copy of which is appended.

The enthusiasm of the staff to which the Commissioners refer is a noticeable feature which permeates throughout the Hospital and one which is a source of pleasure and satisfaction to the Management Committee. It is appropriate, therefore, to conclude this report with an expression of their appreciation of the loyal and devoted service of the staff and to congratulate Dr. Joshua Carse, the Medical Superintendent, upon the

success of his endeavours to promote the good of the Hospital,

Signed on behalf of the Management Committee at a meeting held on the 31st day of May, 1951.

ANDREW CAIRNS,
Chairman.

ANNUAL REPORT OF THE MEDICAL SUPERINTENDENT.

GRAYLINGWELL HOSPITAL,
CHICHESTER.

26th April, 1951.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Fifty-fourth Annual Report of your Hospital for the year ended 31st December, 1950, together with an account of its extra-mural services.

A. INTRODUCTION.

The production each year of a detailed report of all the activities of the Hospital and its many extra-mural services is a time-taking and laborious task which, as the years go by, seems to me to recur more and more quickly. The annual report, however, has practical advantages which well repay the effort: it gives to you, the Management Committee, and to many others a full account of our work during the past year; its preparation demands that the staff shall make searching enquiry into every department of the hospital and its services—a form of annual stocktaking which in itself is an excellent practice; finally, the long-established custom of exchanging annual reports with all other hospitals enables ideas and suggestions to be pooled with benefit to the service as a whole.

The first part of the report describes the extra-mural services. These are already considerable and are increasing each year. Their importance need not be stressed here as later on this valuable work is described in detail. It means, however, that a large proportion of the time of the medical and ancillary staff is devoted to work outside the hospital in our endeavour to meet all the needs of adult psychiatry. Nevertheless, there are the following good reasons why these essential extra-mural services should be our responsibility: most of the available psychiatrists in the catchment area of the hospital are on the staff of Graylingwell; treatment and disposal of the patients are facilitated; the psychiatrist is given an opportunity of examining a wider variety of patients, particularly those suffering from the psychoneuroses, than is usually met with in the hospital, and he can also make his contribution toward the

solution of the many problems of everyday life ; in addition, the taxpayer also benefits as this practice allows of the greatest economy of staff.

The remainder of this report is devoted to Graylingwell Hospital. The sections are arranged to correspond with the progress of a typical case through the hospital from admission, followed by investigation, assessment and treatment, to discharge. It will be seen that 1950 was a particularly active year ; a great amount of treatment was given and every effort was made to assist in the recovery of the patient.

Social therapy, which includes educational, occupational and recreational activities, was also further developed and, while providing the appropriate environment for the recovering patient, does so much to enable the long-stay patient despite his disability, to become a contented and productive member of the hospital community. To social therapy must go much of the credit for the bright and hopeful atmosphere so characteristic of British mental hospitals.

It is also very satisfactory to note that the Department of Clinical Research is once again in full operation. The long illness of Dr. Brody which culminated in his tragic death, resulted in the department being without a Director for nearly eighteen months. From this report it will be seen that since Dr. Roth took charge in August, 1950, there has already been a big output of work, and an extensive programme has been planned for the future.

Finally, I wish to thank the senior members of the staff who have collaborated with me in the production of this annual report. No one person can provide all the psychiatric services now available in this area and in this report my colleagues, who make up the necessary team, have an opportunity of giving an account of some of their work and expressing their personal opinions.

B. EXTRA-MURAL PSYCHIATRIC SERVICES.

1. OUT-PATIENT CLINICS.

The Clinics are held at 2.30 p.m. on Mondays at Horsham Hospital, Tuesdays at Worthing Hospital, and Thursdays at the Royal West Sussex Hospital, Chichester. Details of the attendances during 1950 are shown below :

			New Patients	Other Attendances	Total Attendances
Worthing...	...	...	351	630	981
Chichester	...	...	258	748	1006
Horsham...	...	...	105	398	503
			714	1776	2490

At the Worthing Clinic I have to assist me Dr. Panton and Dr. Towers, with Mrs. E. E. Nevell as the Psychiatric Social Worker in attendance. Dr. Charlton is in charge of the Royal West Sussex Hospital Clinic and he is assisted by Dr. Morrissey and Dr. Macgregor, and Miss M. J. Butcher is the Psychiatric Social Worker. At the Horsham Clinic, Dr. Rice is the Psychiatrist in charge, and he has the help of Dr. Park, while Miss B. E. Nevell is the Social Worker.

In addition to the clinics, an out-patient service is maintained at Graylingwell Hospital and at the Treatment Centre in Worthing. During the year many patients were seen by special appointment, usually at the weekend, thus enabling them to receive treatment without losing time from work. These out-patients are examined by the senior medical staff and, while the interviews are time-taking, it is believed that this extension of the out-patient clinics is an essential requirement.

Modified insulin shock therapy and electric convulsant therapy are available for out-patients at each of the clinics. We have now had considerable experience in providing these treatments and we are definitely of the opinion that they have been the means of obviating the necessity for in-patient treatment in many cases. Since August, 1942, 472 out-patients have received E.C.T.

Special arrangements were made for selected cases to receive prolonged psychotherapy from Dr. Olive Sharp.

Method of Referral.—Appointments for new patients can be made by application to the Almoner of the Hospital they wish to attend.

2. EXTRA-MURAL UNITS FOR IN-PATIENT TREATMENT.

Royal West Sussex Hospital, Chichester.—Dr. Charlton, who has been in charge, reports :

“The treatment of psychiatric patients in the general wards of the Royal West Sussex Hospital, which began on 1st January, 1949, and continued during 1950, has proved to be a successful and valuable addition to the other therapeutic facilities available. There are many advantages of treatment in a unit of this nature. Some patients who either fear the stigma of mental hospital admission as it might be reflected in the attitude of their relatives or employers, or that there might be inadequate segregation from long-stay patients, may refuse necessary treatment or at least delay it until chronicity has been established. By the provision of treatment facilities where no stigma can be attached, such apprehensive patients are willing to undergo earlier treatment and so in many cases shorten the duration of illness with its consequent economic loss, prevent chronic states establishing themselves, and avert the risks of suicidal impulses inherent in most depressive syndromes.

Four beds are available and the patients admitted to the unit are usually drawn from those attending the Psychiatric Out-patient Clinic, although a few have also been admitted directly from home at the request of their medical practitioners, or following domiciliary visits where urgent factors were found to be present. In general, the patients admitted have been suffering from either psychoneuroses or mild psychotic states, the only firm contra-indications to admission being disturbed behaviour or active suicidal tendencies.

During 1950, fifteen patients were treated, three men and twelve women, whose average stay was just under four weeks. The disorders met with in this series included three cases of Epilepsy admitted primarily for stabilisation, three of Hysteria—including one massive fugue state and two of drug addiction, whilst the remaining seven were suffering from depressive syndromes of varying severity. The methods of treatment employed included the administration of insulin, electro-cerebral treatment, sedation and general medical care, combined with occupational therapy and, where indicated, psychotherapy. With the increase in the medical staff available at the Out-patient Clinic, it has proved possible to carry out more psychotherapy and a number of in-patients have been able to return to work whilst continuing their treatment. The results obtained were considered to be very satisfactory, even though three of the fifteen patients had subsequently to be admitted to Graylingwell Hospital for more intensive treatment than could be arranged in the unit.

From the experience of two years' working of this Unit, it is apparent that a wide range of psychiatric disorders can be actively and successfully treated in a General Hospital, with the added advantage that on discharge the problems of social readjustment and employment are simplified."

Rehabilitation and Treatment Centre, Worthing.—Dr. Panton, who is the resident doctor in charge of this unit, reports :

"During 1950, this Centre received 52 direct admissions (M.6, F.46) and 51 patients (M.8, F.43) were transferred from Graylingwell for completion of treatment and convalescence.

The direct admissions consisted largely of patients suffering from anxiety states and other forms of psychoneuroses, and from reactive depression. Modified Insulin was extensively used (M.6, F.53) to combat tension and anxiety, and E.C.T. was used in 14 cases (M.2, F.12) to relieve depression and energy. In all cases full consideration was given to the psychological factors involved in the illness, and much time was devoted to talking out individual patients' problems and to helping them to make a better adjustment to their difficulties. In addition, special abreactive methods were used in 19 cases in which the simpler type of superficial psychotherapy proved inadequate to enable the patient to obtain insight and relief of symptoms in a short period.

As well as these specific treatments, all patients at the Centre take part in an ordered regime of activities, including occupational therapy under a qualified therapist; and also share in household duties as part of their rehabilitation and preparation to return to their own homes. Social activities are encouraged, both indoor and out, including games, discussions, visits to concerts and theatres, and walks and cycle rides. In this way it is endeavoured to minimise the dislocation in the patient's life as a result of illness, to maintain and stimulate interest, and to make the return home as easy and speedy as possible.

Follow-up interviews and attendances at the "Goodwill Club" held at the Centre, also help in enabling the patient to readjust and cut down the length of stay as an in-patient.

Out-patient work is also carried out at the Centre in conjunction with the Worthing Clinic, and many patients are enabled to have treatment—in some cases without interrupting work. All methods of physical treatment are used, and much

time is spent in psychotherapy, either in combination with physical treatments or alone. Cases treated in 1950 include: modified insulin 22, E.C.T. 23, narco-analysis 8, ether abreactions 3, and psychotherapy alone 8."

Horsham Hospital.—Dr. Rice, who has been in charge, reports:

"During 1950, the arrangements which had been negotiated with the authorities at Horsham Hospital came into full use and their benefit has been considerable. From January it has been possible for selected patients to be admitted there direct from the Clinic and under my personal care. In addition, the Matron has found it possible to make one of the private rooms regularly available for out-patient treatment.

The barest details of the advantages which these arrangements give are shown by the figures for out-patient treatment given, but the real benefit lies in a much wider and less easily defined sphere. Although only 4 patients have as yet been admitted directly to the Hospital wards, the fact of these admissions, together with the direct contact with psychiatric cases which it affords the nursing staff, has made for better relationships and has undoubtedly led to a wider interest and understanding of some of the problems of our patients. The number of patients referred from the wards has shown a marked increase of late.

In April, 1951, courses of lectures to the nursing staff are due to begin. These will be in accordance with the syllabus laid down by the General Nursing Council and will naturally be primarily directed to the purposes of the State Examinations, but it is hoped that interest in psychiatry and some understanding of the psychiatric patient and his problems can be brought home."

3. SOCIAL SERVICES.

Psychiatric Social Workers.—In addition to attending the clinics and providing the case histories and other relevant information so essential to the psychiatrist, the psychiatric social workers personally give much practical assistance to the out-patients. They visit their homes, where they offer advice and guidance on many social and domestic problems. They help them to obtain employment, find accommodation, and sort out their financial difficulties. In fact, there is no limit to the

problems on which they may be called upon to give assistance, and at all times they are available to the patients, who come to look upon them as wise and trustworthy friends to whom they can appeal when in difficulties.

This service is particularly important in psychiatry where during the illness and subsequent rehabilitation the patient is so dependent that he needs someone on whom he can rely for help and wise advice. In time, of course, he regains his former confidence and once again can take his place successfully in the community. Until he does so, however, the tactful, experienced psychiatric social worker must provide the essential background and her contribution to the recovery of the patient makes her an indispensable member of the psychiatric team.

Out-patient Social Clubs.—The following reports show how popular these clubs are with the patients, and after three years' experience we are more than ever convinced of their therapeutic value.

Of the "Concord Club" at Chichester, Dr. Charlton, who has been in charge, reports as follows:—

"This club, which was established in February, 1948, meets regularly in the Health Centre, Chapel Street, Chichester, serving principally the needs of patients in the Chichester and Bognor districts. Apart from a short holiday break in August, the Club met each Thursday evening throughout the year, the usual attendance being between twenty and twenty-five.

The evenings are divided, the early part being spent in spontaneous activities, games, handicrafts, etc., whilst after the supper break a more definite programme of an organised nature is arranged. This latter has included 'brains trusts,' debates, 'twenty questions,' whist drives, beetle drives, games evenings, competitions, old-time dancing, lectures and musical evenings, in addition to an annual party early in January and an evening coach tour in July. A regular feature is a monthly discussion evening led by myself, in which group psychotherapy is carried out.

During the year there has been a steady stream of new members joining the Club, mostly selected from those attending the Out-patient Clinic at the Royal West Sussex Hospital, with a few carefully chosen ex-in-patients for whom the social programme is thought likely to be of benefit in resettlement. I feel confident that the Club has been successful in helping

many members to the enjoyment of a fuller and happier life.

In conclusion, I should like to take this opportunity of expressing my appreciation of the great enthusiasm and unfailing efforts of Miss Butcher and Miss Clark, to whom no little of the credit for the success of the Club is due, and also to Dr. Morrissey who has assisted me with the medical organisation throughout the year."

Dr. Panton, who has been in charge of the "Goodwill Club" at Worthing, reports as follows:

"A social club for out-patients and ex-patients in the Worthing area was formed in October, 1949, and continues to be very active. Meetings are held on Tuesday evenings at 'The Acre'; they are attended also by the in-patients there, many of whom join the club when discharged. There are thirty-eight members on the books and attendances average about twenty. There is an elected committee which arranges the programme month by month, endeavouring to make the meetings as varied as possible. Whist drives and beetle drives are particularly popular, but games and competitions, 'twenty questions,' 'quiz,' social and musical evenings are also well supported.

About once a month a weekend ramble or cycle ride is arranged and usually about eight or ten members attend. We are beginning to know the immediate environs of Worthing well and sometimes take train to a new starting point to increase our range. One particularly successful trip during the summer was a cycle ride from Seaford to Alfriston and Wilmington, with a visit to Lullington Church on the return.

On another occasion a visit was paid to Parham House, after a very pleasant walk across the Downs from Findon. Sometimes the weather has not been too good, but only once did it pour with rain so heavily that five stalwarts who had met by Patching Pond decided to disperse again without crossing the Downs to Arundel.

Several members have been encouraged as a result of club outings to get to know the countryside better on their own; two were even ambitious enough to go on a cycling tour to Canterbury.

The aim of the club is to provide reassurance and companionship for its members and to help them to widen their interests and activities and to re-establish confidence which has so often

been shaken by their illness. Both the lonely and the shy seem to find the Club a real help and more than one has been heard to say, 'I don't know what I should do without it'."

4. MARRIAGE GUIDANCE.

Dr. Rice is the Psychiatrist serving on the panel of Consultants of the Marriage Guidance Council in this district, and the following is his report:

"During 1950, the number of cases referred for psychiatric consultation under the Marriage Guidance scheme was 3—the same as that for the previous year. Mere figures do not, however, give a true picture of the scope of the work undertaken for the Marriage Guidance Council, for the function of the Psychiatrist is not only to carry out psychiatric examinations, but to be available for advice when required without the persons concerned actually attending, and my advice has been sought on many problems. Where people are referred, consultations are usually long and the nature of the work is, therefore, exacting.

Advice on Marriage Guidance problems, or information with regard to the facilities and services afforded, is obtained by application to the local Hon. Secretary and Counsellor, Mrs. C. H. Mosse, Aldwick Vicarage, Bognor Regis, who refers those people, in the solution of whose difficulties a psychiatric opinion is thought to be helpful. Occasionally marriage guidance problems are raised by the patient's general practitioner direct."

5. GERIATRICS.

There is little to add to the 1950 report on the Geriatric Services, except to state that increasing use is being made of the domiciliary service for consultation on problems as they arise.

The West Sussex County Council's Homes: Bury House, Aldwick House and Stopham House, are fully occupied, as well as the two residential institutions—Budgenor Lodge, Midhurst, and North View, East Preston. Regular visits are paid to Budgenor Lodge and East Preston, and frequent calls made to Bury House and Stopham House, in both of which several ex-patients now live. There is a close liaison with the Practitioners in medical charge of the Homes and with the resident nursing staff, who have co-operated well in carrying

out treatment. With the exception of North View, which is visited by Dr. Panton, the visits to the Homes are made by Dr. Rice, who has a special interest in geriatric work. He is also a member of the Chichester and Bognor Regis Executive Committee for Old Persons' Welfare; and of the Chichester Eventide Housing Association.

In addition to giving advice and guidance on the care, and management and occupation of those resident—principally senile patients—special examinations were made of 119 cases at North View and 86 at Budgenor Lodge, Bury House and Stopham House.

6. CONSULTANT SERVICE.

In each of the Hospitals where clinics are held, the psychiatrist in charge is always available for consultation for in-patients.

During 1950, 65 domiciliary visits have been made by the senior members of the medical staff.

St. Richard's Hospital was visited frequently during 1950, and 44 patients were examined and reported on, many of these being seen subsequently on several occasions.

During 1950, 71 visits were made to the wards of the Royal West Sussex Hospital.

In the same year a total of 11 visits was made to the King Edward Sanatorium, Midhurst, and Aldingbourne House Sanatorium.

7. THE COURTS, POLICE and PROBATION OFFICERS.

During the year under review, we have continued our service of providing a psychiatric examination and report on cases referred to us by the Courts, and in some cases a Psychiatrist has attended at Court. In addition, cases have been sent by the Magistrates to this Hospital for a short period of residence as in-patients to enable a fuller investigation and assessment to be made. The close and friendly liaison which has existed for so long between the Courts, the Officers and ourselves has thus been maintained and with their collaboration we have continued to provide a service which we believe to be of value to the community.

8. CHILD PSYCHIATRY.

Mental Deficiency.—In West Sussex, the mental defectives are ascertained, managed and disposed of by the Medical Officer of Health who is responsible to the Mental Deficiency Sub-Committee of the County Council.

Child Guidance.—The full-time clinics at Chichester, Worthing and Horsham are administered by the Child Guidance Sub-Committee of the County Council.

9. PUBLIC RELATIONS.

During 1950, we have maintained the close and friendly relations with the general public which have been so carefully built up over the past years. Lectures and informal talks have been given to a large number of widely differing groups of professional and lay people, and we have taken part in official courses of training in the National Health Service organised by the Ministry of Health and by Local Health Authorities.

Recently we have observed a definite improvement in the attitude of the public towards our speciality; the fear and mystery which used to surround our work has largely disappeared and today the majority of people are genuinely interested and eager to learn something of the scope and application of psychiatry. The press and the radio have done much to enlighten the public with regard to the subject generally, but so far as Graylingwell is concerned we still consider that the greatest emphasis should be placed on the personal approach. We continue, therefore, to address any group of people interested in psychiatry and where possible the talk is followed by a visit to the Hospital.

As this form of public relations has now been practised for many years, the Hospital and its services are well known throughout the area and the name of Graylingwell conjures up no vague and terrifying fears in the minds of the people of West Sussex. As a result, we are now gaining the full co-operation of patients at the onset of their illness when treatment is likely to be most effective. It is these patients who are largely responsible for our increased admission rate as compared with pre-war figures, and for the fact that three quarters of the admissions come to the hospital voluntarily.

We are also indebted to the General Practitioners who have always taken an active interest in the work of the Hospital and

have been able to give reassurance and encouragement to many apprehensive patients. Many practitioners visit the Hospital and maintain personal contact with their patients, when they are able to discuss the progress of the case with the staff. To ensure, however, that all the practitioners in our area are kept informed of the work of the Hospital, each receives a copy of the annual report.

B. GRAYLINGWELL HOSPITAL.

1. ADMISSIONS.

A comparison of the number and status of the patients admitted direct to the Hospital during 1949 and 1950 is given below :

	1949			1950			Increase or
	M.	F.	T.	M.	F.	T.	decrease
Voluntary	195	361	556	207	369	576	+ 20
Temporary	—	1	1	—	—	—	— 1
Certified	67	114	181	44	108	152	—29
	262	476	738	251	477	728	—10

The average age on admission was 47.4 years, while 137, or 18.2% were aged 65 or over.

75.1% of the total direct admissions were voluntary patients. Of the 152 patients classified as certified, however, 102 were admitted under Urgency Orders—an order authorising removal but lasting only seven days. Of these, 5 left at the expiration of the order, 2 died, 5 were regraded as temporary patients, 76 continued treatment as voluntary patients, and in only 14 cases was it necessary to proceed with full certification. In practice, therefore, 657, or 90.2% of the patients admitted during 1950 received treatment as either voluntary or temporary patients.

2. INVESTIGATION.

A complete assessment of the patient's condition is essential before treatment can be undertaken. This long and complicated procedure requires the assistance of specialist and ancillary services in addition to searching psychological and clinical examinations.

Department of Psychology.—Investigation by means of psychological tests has come to form an increasingly important

part of the total assessment of psychiatric patients in recent years. A wide range of cognitive and personality tests is now in use in the Hospital and during the past year a total of 261 patients has been investigated. Apart from their immediate application, the data thus accumulated should prove useful in future research on case material.

A pilot investigation has been carried out into the effects of pre-frontal leucotomy by pre- and post-operative testing. Useful information has been obtained concerning the problems set by this sort of research and it has been utilised in drawing up the final battery of tests to be used in this work.

By holding informal seminars in psychology, the department has played its part in the training of Registrars for the D.P.M. examination.

Psychiatric Social Workers.—Information regarding the patient's personal and family history and his social background has been provided by the social workers. They have also maintained contact between the patient and his home, assisted in the rehabilitation of patients leaving the Hospital and finally, they have made frequent follow-up visits to ensure that all was going well.

The catchment area of the Hospital is divided between the three social workers. Mrs. Nevell is responsible for Worthing and its environs, Miss Butcher for Chichester and the south-west, and Miss Nevell for Horsham and the northern part of the county. As already stated, each of the social workers attends an out-patient clinic.

As will be seen from the following table, the department was particularly active during the past year; and it must be emphasised that in carrying out this great volume of work in such a wide area as is served by the Hospital, our Social Workers were involved in many thousands of miles of travelling.

Social Workers' Department.

Statistics—1950.

1. Histories	...	...	...	...	472
2. Attendances at Out-patient Clinics	...	...	...	...	145
3. Follow-up Visits	...	...	...	...	230
4. Interviews re Employment	...	...	...	...	239
5. Home visits re domestic and social difficulties	...	...	...	...	135

6. Sundry interviews etc., including :—			
(i) Conveyance and personal help for patients ...	...	...	110
(ii) National Assistance Board ...	...	...	12
(iii) Ministry of National Insurance ...	...	...	25
(iv) County Hall :			
(a) Children's Department ...	...	...	8
(b) Welfare Department ...	...	...	1
(c) Education Department ...	...	...	5
(v) Soldiers', Sailors' and Air Force Families' Association ...	...	...	7
(vi) Council of Social Service ...	...	...	6
(vii) Housing Managers ...	...	...	19
(viii) W.V.S. and Home Helps ...	...	...	18
(ix) Child Guidance Clinics ...	...	...	10
(x) Citizens' Advice Bureau ...	...	...	4
(xi) Welfare Officers ...	...	...	11
(xii) Probation Officers ...	...	...	44
(xiii) Interviews with Almoners and Matrons of hospitals ...	...	...	16
(xiv) Out-patients Social Club Attendances ...	...	...	89
(xv) Visits to "The Acre" ...	...	...	78

Laboratory and X-Ray Department.—The Chief Technician, Mr. H. A. Seymour, has to assist him another trained technician, Mr. A. Mair, and a student, Miss Pauline Goodacre, the department having been approved for the purpose of training.

All new admissions were subjected to routine systematic laboratory and X-ray investigations. We now regard these procedures as indispensable both as aids to diagnosis and to enable physical treatments to be given with safety. The department also gave invaluable assistance in the prompt diagnosis and treatment of intercurrent illnesses occurring in the Hospital. In addition, 51 out-patients underwent laboratory and X-ray investigations.

The following table gives some details of the work done during 1950 :—

Blood :

Kahn and F.R.C (Meinicke)	..	..	..	..	969
Counts (including Hb. and differential)	..	..	..	..	900
Urea .. .. .	..	..	..	..	790
Sedimentation .. .. .	..	..	..	..	1201
Bromide .. .. .	..	..	..	..	778
Fasting Sugar .. .. .	..	..	..	..	903
Sugar tolerance curves .. .. .	..	..	..	..	16

Culture	1
Van den Burgh	3
Malaria Parasites	11
Widal (Typhoid and Dysentery)	3048
Cholesterol	5
Sodium	2
Chlorides	2
Phosphatase	2
Clotting time and Bleeding time	2
Takata-ara	1
Uric Acid	3
Paul Bunnell	1
Transfusions	6
Cerebro-Spinal Fluid (complete examination)	90
Urine :	
Routine	2580
Culture (Typhoid, Dysentery, etc.)	758
Bile	4
Tubercle bacilli	29
Faeces :	
Culture (Typhoid, Dysentery, etc.)	653
Occult blood	30
Tubercle bacilli	33
Worms and Ova	20
Fat	1
Bile	1
Sputum : Tubercle and other organisms	69
Nasal and Throat Swabs : Diphtheria, etc.	71
Fractional Test Meals	15
Sections	34
Water : Bacteria, etc.	12
Milk —bacteria	12
Pleural fluids	2
Penicillin, Streptomycin and Sulphonamide Sensitivity Tests	37
Vomits	14
Barbiturates and Salicylates	9
Vaccines (autogenous)	1
Miscellaneous	33
Electro-cardiographs	27

X-RAY DEPARTMENT.

Number of Patients X-Rayed				.. .. .	798
Chest	369	Femur and Hip ..	21		
Spine	106	Knee	9		
Sinuses.. ..	22	Tibia and Fibula ..	13		
Sacro-iliac and Coccyx	10	Ankle	19		
Humerus and Shoulder	46	Foot	25		
Elbow	8	Skull	80		
Radius and Ulnar ..	6	Abdomen	4		
Hand	18	Gall Bladder ..	3		
Wrist	21	Kidney	11		
Ribs	3	Barium Meals ..	6		
Pelvis	4	Barium Enemata ..	3		
Pregnancy	1	Dental	25		

Department of Electro-Encephalography.—Dr. Parsons-Smith, Physician in Neurology and Electro-encephalography, reports :

“This department was opened two years ago and the amount of work carried on in it steadily increases. This is in part due to the department being used more frequently by consultants in the area, whilst there has also been an increase in the amount of research performed in it.

Routine clinical E.E.G. diagnosis is carried out on both in-patients and out-patients in the Hospital and also, at the request of their consultants, on patients attending hospitals over a large area extending from Horsham in the north, Worthing in the east, and to Southampton and the Isle of Wight in the west.

The total number of records examined during the year was 482, compared with 400 in the previous year. 133 epileptic patients have been studied (122 in 1949) and 81 cases of organic cerebral disease (58 in 1949).

Routine E.E.G. techniques are adopted but activation methods with photic stimulation, seconal, metrazol and other drugs are also used in certain cases.

During the year, as is reported elsewhere, Dr. Martin Roth joined the staff. Much of his original work has been carried on in this department and a separate report on this can be studied. This work has necessitated the use of new electronic apparatus, most of which has been designed and constructed in

the department by our technician, Mr. John Shaw. A new oscilloscope has been installed, this being used for research purposes."

Consultant and Specialist Services.—The Consultant Physician attended on request, and during 1950 he visited the Hospital on six occasions, giving valuable assistance in difficult cases.

The Consultant Surgeon had 61 sessions, and during the year he performed 68 operations (M.31, F.37).

The Radiologist visited the Hospital each week and during 1950, 798 patients attended his department.

The Pathologist spends two days each week in the Hospital. He conducts most of the post-mortem examinations and supervises the work of the laboratory.

The Ear, Nose and Throat Surgeon held 30 clinics. The practice was continued of subjecting all new patients to a routine examination with special reference to focal sepsis. During additional sessions, the following operations on patients and staff were performed: 14 tonsillectomies (M.5, F.9) and 2 antrostomies (F.2).

The Ophthalmologist attended on 9 occasions and 70 patients (M.30, F.40) were examined. In addition, operations for the removal of cataract were performed on 8 patients (M.4, F.4).

The Dermatologist visited on request and during 1950 he examined 13 patients (M.4, F.9).

The Dental Surgeon conducts a weekly clinic. Long-stay patients who are well enough to attend have at least one routine inspection a year, and emphasis is placed on conservative treatment and oral hygiene. More frequent routine inspections are, of course, desirable, but it has not yet been possible to arrange for any additional sessions. All new admissions were examined with special reference to focal sepsis. Last year 955 patients (M.382, F.573) visited the clinic.

3. TREATMENT.

Psychotherapy.—Dr. O. Sharp, the psychotherapist, reports as follows:

"During the past year the work and scope of the Psychotherapy Department has expanded very considerably. This is

due in part to the ever-increasing interest and enthusiasm of the Medical Staff based on a recognition of the importance of this form of investigation and treatment in widely varying psychopathological conditions. A number of successful D.P.M. examination results, releasing time and energy for individual clinical research in this field, have also played a part.

Although, as reported in previous years, much steady, but inconspicuous, work of this kind has been carried on, it was decided this year to attempt some estimation of the magnitude of psychotherapeutic endeavour going on throughout the Hospital and Clinics.

The criterion of a psychotherapeutic interview was that it should be a period of not less than 45 minutes, devoted to elucidating the personal and social problems of the patient and seeking a readjustment or solution. Preliminary and routine interviews were excluded.

The result of this survey shows that over 2,600 hours have been spent in this effort, to which every member of the Medical Staff has contributed, and that some 397 patients have had the opportunity to avail themselves of this kind of personal help.

The average number of sessions per patient was about $6\frac{1}{2}$, but this gives no true picture. Many were seen two or three times only, others ten to twenty, or more, while those undergoing systematic long-term analysis have usually attended twice a week. A number of them have been seen by me in consultation with their own medical officer, while others have been brought up and their treatment followed through at the weekly seminars where cases and problems of psychotherapeutic interest are discussed.

Of the fifteen patients who have attended for analytical treatment during the year, four long- and five short-term cases have completed their course and two new long-term cases have been taken on.

In addition to the above figures, some 54 patients have been investigated under narco-analysis—usually once. In this way further insight may be gained into forgotten memories or hidden anxieties. Another 37 patients have been given various abreactive treatments, such as methedrine or Meduna's C.O₂ technique. In all, 99 such treatments have been given for the relief of tension states.

We have had great help and encouragement from several visits by Dr. Ernest Jones and we look forward to the privilege of his continued illuminating guidance as our Honorary Consultant Psycho-Analyst."

Electric Convulsant Therapy.—This continues to be one of the most extensively used of the physical treatments now at our disposal. In the relief of depression it gives good results and we have found it helpful in the management of excited and disturbed patients. Being used so frequently and with such ease, E.C.T. is commonplace to the staff. To the patient, however, it can be quite an ordeal and constant attention, therefore, must be given to his comfort and arrangements made for the treatment to be given under the best conditions. During 1950, 251 patients (M.71, F.180) had this form of shock therapy.

Modifications of E.C.T.—To undergo with safety a course of E.C.T. requires a considerable degree of physical fitness. Many patients who would benefit from this treatment, however, are unfortunately debarred from it owing to physical disabilities such as general enfeeblement, deformities, or old age. The following modifications have largely overcome this difficulty and electrical treatment is now available for most patients.

Glissando E.C.T. was given to 54 patients (M.32, F.22). In this form of E.C.T. the onset of the convulsion is slower and the shock less severe. Clinically the results were comparable with ordinary E.C.T. and the patients, most of whom were rather frail and elderly, withstood the treatment satisfactorily.

E.C.T. with curare is, of course, a major modification ; the muscles of the body being almost completely paralysed, no violent convulsion can occur and the patient, therefore, is not subjected to any severe shock or strain. It is usual to combine curare with pentothal as otherwise the patients complain of great discomfort. This premedication is not without serious risks, however, and in our opinion the treatment should only be given with the assistance of a specialist anaesthetist. During 1950, 45 disabled patients (M.24, F.21) had this modified form of E.C.T. with good results.

E.C.T. with Eulissin is a recent modification with which we have been most impressed. Eulissin is a synthetic product whose action is similar to curare in producing a complete relaxation of the muscles. It is not necessary for it to be combined with pentothal, however, as it does not cause

discomfort when given alone. From our experience so far we have found it to be free from risks and complications and the practice of routine premedication with Eulissin for all patients 45 years of age and over is rapidly becoming established in this Hospital. Since August, 1950, 75 patients (M.37, F.38) with various physical disabilities have had E.C.T with Eulissin. Psychiatrically the results were as good as with other forms of E.C.T. while there were no complications.

Electro-Narcosis.—As reported previously, an extensive trial of this treatment had most unsatisfactory results and it was therefore discontinued. It was with great regret that we were compelled to come to this decision as we had been led to believe that electro-narcosis would be of assistance in the treatment of paranoid schizophrenia—probably the most resistant of all psychiatric disorders. So far, we have found nothing in this treatment which is in advance of ordinary E.C.T. It is much disliked by the patients who experience great distress and it is associated with grave complications—including death. When electro-narcosis, therefore, has been modified and can show that it has a contribution to make in psychiatric treatment, it will be made available to the patients in this Hospital.

Cardiazol.—Last year 24 patients (M.21, F.3) had this chemically induced convulsion therapy. It was used with great benefit in the treatment of confusion and excitement.

Insulin.—Dr. Charlton, who is in charge of the insulin unit, reports as follows :

“ The insulin unit, which consists of sixteen beds set aside for this form of therapy with a specially trained staff in attendance, had a busy and successful year in 1950. A total of 66 full courses of deep treatment was given during the year to 31 men and 35 women, whilst a further fourteen patients were still undergoing treatment at the year’s end.

An analysis of the results obtained in the 66 cases where treatment has been completed is shown in the accompanying table. It will be seen that in all but two cases the patients concerned were suffering from schizophrenia and that in these the results were very satisfactory in this, the most intractable illness with which we have to deal.

	Recovered			Improved			No Change			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenia	13	17	30(47%)	14	11	25(39%)	4	5	9(14%)	31	33	64
Hysteria ...	—	—	—	—	2	2	—	—	—	—	2	2

It will be seen that in the cases of schizophrenia 55 out of the 64 treated (86%) showed either full recovery or significant improvement. All but seven of these have already been discharged from Hospital and the remainder are likely to be able to leave in the near future. The importance of these results can hardly be over-estimated for in being able to return home the patient retains his place in the family and society, whilst disintegration of the personality which results from prolonged illness is avoided. The two cases of hysteria treated were possessors of markedly schizoid types of personality and although an active schizophrenic process was not present, it is considered that they were both considerably helped by the treatment.

The number of comas given varied between 20 and 60, the average being 32. Electro-cerebral treatment, given during hypoglycæmia, was combined with deep insulin in 14 men and 21 women where there were affective symptoms such as depression or excitement, or in the presence of stupor. It should be pointed out that in all cases where satisfactory contact could be made psychotherapy was given also, usually in the period following recovery from the coma.

Those cases who failed to benefit from treatment were investigated with a view to finding what factors might account for this. Seven of the nine were found to be suffering from paranoid schizophrenia of long duration and insidious development whilst two were 'nuclear' types. The common factor seemed to be the long duration of illness before treatment was started.

Although an expensive and time-consuming form of treatment, deep insulin maintains its place as the most valuable that we yet have in schizophrenia, particularly if it can be started early in the course of the disease, when prolonged hospital care with the gradual supervision of dementia can usually be avoided by its use."

Modified Insulin.—During 1950, 359 patients (M.109, F.250) had the benefit of this treatment. Insulin in sub-coma dosage was found to be most helpful in the treatment of Anxiety States where tension, poor appetite with under-nourishment, and other psycho-somatic symptoms were prominent features. In addition, however, modified insulin shock therapy was used with great success in the management of excited and disturbed patients; the need for sedation was reduced and many were able to be usefully occupied and to take part in the social activities of the Hospital.

Prolonged Narcosis.—This was given to 12 patients (M.3, F.9). The period of continuous sleep lasted from 10 to 15 days and benefited cases of acute agitation and restlessness.

Malaria and Penicillin.—Only one patient suffering from General Paralysis was admitted to the Hospital last year. Following intensive Penicillin and the usual course of Malaria he has improved physically but remains unchanged mentally.

Pre-frontal Leucotomy.—During 1950, the treatment of selected patients by means of this operation, carried out by Mr. A. G. Ross, has continued. The results for the year, summarised below, must be viewed in the light of present knowledge and experience. From the time when the operation was first performed in this Hospital—in October, 1942—a total of 427 patients (M.184, F.243) have undergone the treatment. An extensive and painstaking survey of the results in the first 330 patients, carried out by Dr. Erwin Stengel, when Director of Clinical Research, appeared in a recent issue of the Journal of Mental Science. An extension of this follow-up is in progress as a further research project. (All the operations to date have been of the closed, or classical, type, although an extension of the range and scope of the surgery available is under discussion).

Before results are considered in detail, certain factors should again be emphasised. The patients recommended for operative treatment have all first had the benefit of other forms of physical treatment—they have all suffered from long-standing disabling conditions necessitating prolonged stay in Hospital, with all the risks of deterioration which follow. In every case the decision to recommend operation is taken only after full discussion by the medical staff in conference.

1950 RESULTS.

Patients undergoing operation 36, (Male 16, Female 20).

Diagnostic Groups		Recovered	Improved	No Change	Died	Remaining in Hospital	Discharged
Schizo-phrenia	M. 5	2	2	1	—	4	1
	F.13	2	7	3	1	10	2
Depres-sion	M. 3	3	—	—	—	1	2
	F. 4	1	2	—	1	2	1
Chronic Anxiety Hysteria	M. 5	4	2	—	—	1	4
	F. 1	1	—	—	—	—	1
Obsessional State	M. 3	2	1	—	—	—	3
	F. 2	2	—	—	—	1	1

Since these results cover 1950, it may be assumed that of those patients recorded as still in Hospital, a proportion, at

least, will improve further and be well enough to leave after suitable rehabilitation.

It will be noted that since the last time any attempt was made to show results in a table (1948), certain new diagnostic headings have had to be made owing to the extension of this form of treatment to a limited number of very severe and long-standing neurotic conditions. These are shown together under the heading of Anxiety States or Anxiety Hysterias, and consist of patients for whom operation was carried out owing to severe and disabling anxiety symptoms. The operation has also been carried out on two female patients showing recurrent confusional episodes in whom considerable dementia was known to be present. In both cases these patients were able to leave Hospital and to return home, an outcome which would have been quite impossible without operative interference, since no lasting improvement had been made with any other form of treatment.

LEUCOTOMY.

Analysis of results of the first 420 cases (22.10.42 to 14.12.50)

Diagnosis	Numbers			Discharged			Social Recovery			Improved			No Change			Died		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenia	97	98	195	32	33	65	17	19	36	41	37	*78	34	48	82	3	4	7
Paraphrenia	20	53	73	16	34	50	8	19	27	8	22	30	4	9	13	—	2	2
Manic-depressive Psychosis	20	30	50	16	23	39	15	19	34	3	7	10	1	2	3	1	2	3
Involutional Depression	21	39	60	17	29	46	10	21	31	8	10	18	3	2	5	—	5	5
Psychopathic Personality	8	4	12	4	1	5	3	—	3	5	4	9	—	—	—	—	—	—
Chronic Obsessional State	6	11	17	6	9	15	3	9	12	3	1	4	—	1	1	—	—	—
Epilepsy	1	2	3	—	—	—	—	—	—	1	1	2	—	1	1	—	—	—
Confusional Episodes with Dementia	—	2	2	—	2	2	—	—	—	—	2	2	—	—	—	—	—	—
Anxiety States	7	1	8	6	1	7	5	1	6	2	—	2	1*	—	1	—	—	—
TOTAL	179	237	420	96	120	216	60	86	146	71	84	155	43	63	106	4	13	17

* Also a severely psychopathic personality.

4. SOCIAL THERAPY.

Dr. Charlton, who supervises where necessary, the many activities included under this heading, reports as follows :

“ In keeping with modern practice, a very active and fully comprehensive programme of social therapy is carried on in the Hospital. The essential object of this type of treatment is the improvement of the social adaptation and the cultural interests of our patients, thus helping them to a fuller and more satisfying life. This leads to a better integration in the social pattern and contributes to the prevention of those illnesses which result from faulty adaptation.

Such a programme, which is constantly being developed and extended to meet the differing needs of our patients, depends largely for its success upon the keenness and enthusiasm of the staff, and before outlining the facilities provided I would like to pay tribute to all those whose unfailing efforts have done so much to achieve the results desired.

Religious Services.—Full facilities are provided for divine worship and devotional practices. Church of England, Non-conformist and Roman Catholic Chaplains hold regular services which are well attended ; the services at Christmas and Easter, when the Church is attractively decorated, being especially popular. The Chaplains have complete freedom of movement within the Hospital, frequently visiting the wards where their spiritual guidance is much appreciated by the patients and is often most helpful in their treatment.

Occupational Therapy.—Miss M. Thompson, the Chief Occupational Therapist, who has three qualified therapists and two carpenters assisting her, organises, in close consultation with the medical staff, a very full occupational programme for all patients in the Hospital. An individual plan is worked out for each patient which is progressive and is directed towards bringing the patient to full working capacity by graduated stages. Specially designed record cards are carefully kept and progress reports regularly submitted to the medical staff.

In addition to the main Occupational Therapy Department, there are eight separate centres in the wards and during the past year an entirely new unit serving Summersdale Villa has been opened. The widest possible variety of occupations has been provided and fortunately good supplies of materials have been obtainable during the year.

Where possible, emphasis has been placed upon practical utilitarian projects, patients themselves adding to the amenities of their wards. The active policy pursued in the Occupational Therapy Department has well repaid the efforts of those concerned and over three-quarters of the patients in the Hospital are now occupied, the remainder consisting of the grossly deteriorated or physically incapacitated.

Graylingwell is recognised as a school in which student occupational therapists may undertake their practical training and we were fortunate in having eight such students during 1950.

Visual Arts.—Interest in painting has been maintained at a high level throughout the year, at the beginning of which the regular classes under the guidance of Miss McRirick of Bishop Otter College were continued weekly. Unfortunately that lady was unable to continue during the second part of the year, but facilities have continued under the direction of Miss Moreau. Painting has proved so popular that some restriction has had to be placed on the numbers undertaking this form of activity and priority in the classes is at present reserved for those undergoing psychotherapeutic investigation in whom it is of value as an exploratory technique. The materials remain available, however, for any patients who desire to paint as a diversional activity.

During the year the Hospital received regularly copies of well known pictures on loan from the British Red Cross Picture Library which were circulated throughout the wards and, being changed frequently, aroused considerable interest. In addition it has been possible to purchase a number of modern pictures for permanent use in the Hospital.

Magazine.—‘The Wishing Well,’ which is produced entirely by the patients, has appeared regularly since the first number was printed in January, 1947. The high standard of contributions and the fact that it is written, printed and distributed by the patients themselves is a matter of pride to them, each issue being eagerly awaited.

Concerts.—Classical concerts, arranged by the Council for Music in Hospitals, have been given regularly each month since March, 1947. The high quality of performance and interesting selection of programmes has resulted in a sustained high level of attendance which is never less than 250 or so, although entirely voluntary. As an indication of the quality

of the concerts, there follows a list of the artistes who have visited the Hospital since January 1950.

1950.

January ...	...	Dale Smith ...	...	<i>Baritone</i>
		Hilda Bertram ...	...	<i>Pianist</i>
February	...	Mary Wilson ...	...	<i>'Cellist</i>
		Phyllis Mander	...	<i>Soprano</i>
		Phyllis Thorold	...	<i>Pianist</i>
March ...	...	Eve Maxwell-Lyte	...	<i>Soprano</i>
		Robert Keys ...	...	<i>Pianist</i>
April ...	...	Joan Davies ...	...	<i>Pianist</i>
May ...	...	Ronald Stear ...	...	<i>Bass-baritone</i>
		Ivey Dickson ..	...	<i>Pianist</i>
June ...	...	Margot MacGibbon	...	<i>Violinist</i>
		Frederic Jackson	...	<i>Pianist</i>
July ...	...	Edith Furmedge	...	<i>Contralto</i>
		Bertram Harrison	...	<i>Pianist</i>
August ...	...	Michal Hambourg	...	<i>Pianist</i>
September	...	Laelia Finneberg	...	<i>Soprano</i>
		Hubert Greenslade	...	<i>Pianist</i>
October ...	...	Robert Irwin ...	...	<i>Baritone</i>
		Daphne Ibbott...	...	<i>Pianist</i>
November	...	Helen Pyke ...	...	<i>Pianist</i>
		Paul Hamburger	...	<i>Pianist</i>
December	...	Marie Louise ...	...	<i>Soprano</i>
		Ruth Dyson ...	...	<i>Pianist</i>

1951.

January ...	...	Maria Lidka ...	...	<i>Violinist</i>
		Margaret Kitchin	...	<i>Pianist</i>
February	...	Jean Grayston ...	...	<i>Contralto</i>
		Helen Pyke ...	...	<i>Pianist</i>
March ...	...	Jean Merlow ...	...	<i>Pianist</i>
April ...	...	Philip Hattey ...	...	<i>Bass-baritone</i>
		Viola Tunnard ...	...	<i>Pianist</i>

There is no doubt that these recitals have provided a high level of entertainment and instruction, and they have been the means of stimulating considerable interest in serious music. In response to many requests, therefore, regular sessions of recorded music are now given in the wards and we have been able to obtain an excellent selection of classical records on loan from the British Red Cross Library.

In addition to the regular monthly concerts we have had a number of other musical events of outstanding interest. The Slindon Operatic Society presented 'Iolanthe' in costume which was much enjoyed. In December The Chichester Amateur

Operatic Society gave us a fine programme of Carols, and on Good Friday we enjoyed a rendering of Stainer's 'Crucifixion' by the Subdeanery Augmented Choir under the direction of Mr. E. C. England, with solos given by Mr. Goff and Mr. Whitehead. On the following day we had the pleasure of a visit from the Orpington and Bromley Choir who gave a performance of Handel's 'Messiah,' which was also much enjoyed.

Library.—There is a central library at which books may be changed on any weekday, whilst smaller but varied selections of books are available in each ward and are changed regularly. The library continues to be very popular and there is a considerable demand for books.

During the year the long association of the Hospital with the St. John and Red Cross Hospital Library Department came to an end when it was decided that the Hospital would build up its own library. Our thanks are due, however, to the St. John and Red Cross Library Department for their very great help in the past.

Recreational Therapy.—The widest possible freedom consistent with their condition is accorded to all patients. The majority of the wards are completely open, including the various admission wards, and in these all the patients may freely walk in the grounds and many have the privilege of visiting the town. Leave at home for weekends or longer periods is actively encouraged and results in considerable benefit to those concerned.

There are excellent facilities for all forms of outdoor recreation and the patients' own football and cricket teams have full fixture lists, including many games away with neighbouring hospitals. On these away occasions the teams are accompanied by members of their 'Supporters' Club,' and these outings are much enjoyed. The women patients mostly play hockey and stoolball, but also provide a cricket team which undertakes an annual challenge match with the men. A number of courts are available for those who play tennis and an additional hard court was laid out during the year. During the summer months cross-country rambles and visits to places of interest are organised and a number of motor coach excursions to the sea and surrounding country, where picnics are held, provide additional features in the summer programme.

There are many indoor recreations and amusements throughout the year, although naturally these are most actively pursued in the winter months. There is a very liberal

supply of magazines and papers on the wards and considerable interest is taken in the events of the day; from time to time discussions and debates are organised which reach a high level. Pianos, radios and radiogramophones are available and provide opportunity for those interested in serious music and also for popular music during ward parties or dances. Frequent inter-ward contests are arranged, which include such various games as billiards, table tennis, darts and chess; these are keenly contested and a very popular feature in the winter programme, as are the annual ward parties which take place in each ward at about Christmas time.

Other musical activities have included the formation of a percussion band by the Rev. P. J. Spooner, which is proving as successful as are his regular Thursday afternoon gatherings for community singing.

Regular cinema shows are held weekly, when a selection of recent feature films is shown on new projection equipment installed only last year. On Christmas Eve the staff presented an excellent concert which was very much enjoyed. This staff pantomime has been a regular feature for many years, is always much appreciated and is one of the highlights of the festive season.

During the year we were fortunate in having visits from a number of dramatic societies who presented modern plays, mostly in lighter vein. These included:

- ‘Wasn’t it Odd,’ by the Catholic Drama Club;
- ‘Miss Mabel,’ by the Emsworth Players;
- ‘Mary, Mary, Quite Contrary,’ by the Midhurst Players;
- ‘Arsenic and Old Lace,’ by the Barnstormers of Eastergate.

All were very much appreciated and our thanks are due to all whose efforts made them possible.

The Canteen, or, as it might more correctly be known, the Hospital Shop, is open daily and having been well supplied with a wide variety of cakes, sweets and other luxuries was deservedly popular.

Hairdressing.—The Ladies’ Hairdressing Salon has been busy throughout the year, being greatly appreciated and having an excellent effect on the morale of women patients.

Social Clubs.—There are two patients’ social clubs—one

at Summersdale Villa and the other in the main building intended for longer stay patients. These clubs are run by committees, elected by the patients themselves, who show great interest and initiative, and little help, apart from some unobtrusive guidance, is required from those senior members of the staff who assist in the organisation and planning of these activities. The club meetings are held regularly in the evenings and are well attended by patients of both sexes. Amongst the more popular activities have been discussions, games evenings, dancing lessons and debates. These have provided not only great interest and entertainment, but through these group activities social skills have been cultivated and self-confidence gained.

In Summersdale Villa a new club room with facilities for games and impromptu dances has been opened. One of the ambitious club activities took the form of a country coach tour, organised by the club itself, on which a picnic was held at Burnham Beeches and visits were made to places of interest in the Windsor district.

Rehabilitation.—When patients are about to be discharged from hospital and rehabilitation or convalescence is considered advisable, this can be provided under ideal conditions at our Centre at Worthing, a report of the activities of which is given in a previous section. For those not requiring actual convalescent treatment, but who wish to continue the companionship and social interests which they have found in hospital, referral to one or other of our out-patient clubs is practised. Here, too, friendly supervision and guidance are given by a senior member of the staff who is always present.

Finally, mention should be made of the important part played in rehabilitation by our Psychiatric Social Workers, both directly and through their close liaison with the Disablement Resettlement Officers of the Ministry of Labour, who are extremely helpful in aiding discharged patients to appropriate employment."

5. DISCHARGES.

The following table gives the discharges, departures, etc., during the year, 1950 :—

	Voluntary			Temporary			Certified			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Recovered ...	122	199	321	—	—	—	5	8	13	127	207	334
Relieved ...	81	188	269	—	—	—	5	12	17	86	200	286
Not Improved	13	16	29	—	—	—	2	3	5	15	19	34
By operation of law ...	—	—	—	—	—	—	1	—	1	1	—	1
	216	403	619	—	—	—	13	23	36	229	426	655

During the year, 334 patients recovered from their illness and were discharged—a recovery rate of 45.8% calculated on direct admissions. In addition, 286 patients whose condition was relieved left the Hospital. Calculated upon the total number of direct admissions, these two figures together give a percentage of 85.1 recovered and relieved.

6. GENERAL HEALTH.

The health of the patients and staff has been satisfactory and there have been no epidemics.

On 31st December, 1950, there were only 3 patients (M.1, F.2) suffering from Pulmonary Tuberculosis. Two members of the nursing staff, however, were affected but I am pleased to report that one, a male nurse, has recovered and is now back on duty and the other, a sister, is now responding satisfactorily to treatment.

The Physiotherapy Department has continued to make its important contribution to the maintenance of the good health of the staff and patients. Mrs. M. Harry, who is in charge, has kept available the required treatments, including massage, remedial exercises, actinic rays, faradism and ultra-short wave diathermy.

The Chiropodist pays a weekly visit to the Hospital and his services have been much appreciated by both patients and staff.

The Hospital is badly in need of new furniture, but I am afraid the general financial situation rules out for the time being any hope of buying all the replacements we require. Through the constant and personal endeavour of both patients and staff, however, the wards are bright, comfortable and homely. Classification is satisfactory and we are fortunate in being able

to offer suitable accommodation for a wide variety of groups of patients. The Hospital continues to be run on the open ward principle, only 5 (M.2, F.3) of the 26 wards (M.10, F.16) which it contains having the doors locked. This freedom is much appreciated by the patients and rarely indeed are the many privileges which they now enjoy abused. But this should occasion no surprise for, after all, Graylingwell is a hospital and not a prison, and closed wards are required usually temporarily for only that small minority of patients who are confused, disturbed or show tendencies to wander away.

7. DEATHS.

Below are given figures relating to the deaths which occurred during 1950 :

		M.	F.	T.
Voluntary	...	13	24	37
Temporary	...	2	1	3
Certified	...	19	33	52
		34	58	92

The average age at death was 68.2 years. Post-mortem examinations were made in 87% of the cases. The death-rate was 8.2% : this is better than last year, when it was 14.1%, but it is still too high and due to the admission of elderly patients in a precarious state of health. Of the 92 patients who died during last year, 12 had been in the hospital less than a week, 23 less than a fortnight, 21 less than three weeks, while 31 or 33.7% of the total died within one month of admission. Apart from these patients who were ill on admission, the causes of death require no special comment, being mostly degenerative changes associated with senility.

8. DEPARTMENT OF CLINICAL RESEARCH.

Report by Dr. Roth, Director of Clinical Research :—

“There is no need to underline here the importance of clinical research in a young and growing subject such as psychiatry. The value of the closest possible contact between research workers in the field and day to day clinical problems is underlined by the fact that all three of the revolutionary discoveries in psychiatric treatment in the past twenty-five years, namely, insulin coma, convulsive treatment and pre-

frontal leucotomy, were made by workers who were primarily clinicians.

During the past year the foundations have been laid for a considerable extension of the work of the department in the future. Plans were submitted in September, at the request of the Regional Hospital Board, for research projects to be commenced in the year 1951. Included in the plans were proposals for the extension of work on certain problems in relation to the action of electro-convulsive treatment, previously initiated by myself at the Crichton Royal, Dumfries. It was proposed that the electro-encephalographic technique which had been used in this work should be applied in the investigation of other physical treatments. Psychological and biochemical research in the field was also outlined. Certain important problems in relation to frontal lobe function had arisen in the course of the work on the action of E.C.T. and these it was proposed to investigate by psychological and clinical methods in cases subjected to pre-frontal leucotomy. Special equipment was requested for further investigation of certain interesting physiological phenomena observed during the research on the E.E.G. changes produced by electro-convulsive treatment. The investigation of a number of clinical problems on a large case material and plans for a genetic investigation on schizophrenic and manic-depressive sibs were also put forward.

The Regional Board showed its awareness of the importance of the work of the department by approving most of the appointments that had been suggested and also providing the necessary funds for the purchase of new apparatus and constructional tools. There will, accordingly, be added to the staff in the near future an additional electro-encephalographic technician and clinical psychologist. A secretary to the Department of Clinical Research has already commenced duty.

The work of the department during the year has included the investigation of clinical and some biochemical changes induced by E.C.T., certain effects of sensory stimulation on these changes and also their localisation and significance. The work has been reported in a number of communications which are listed below.

Other investigations initiated during the year have been that of Dr. Morrissey on the treatment and prognosis of mental disorder in old age, one by Dr. Macgregor on the effect of pre-frontal leucotomy on the detailed symptomatology of psychotic

disorders, and one by Dr. Towers on 'The Epileptic Personality.' Dr. Panton has commenced a clinical study of case material which has been dealt with at our early treatment and rehabilitation centre at Worthing.

We hope to commence work in the near future on the psychological correlates of E.E.G. changes induced by convulsive treatment and to extend work in this field into certain biochemical problems. A considerable extension of the electro-encephalographic work of the department will be possible when the new electro-encephalograph arrives in June.

Further reports on the work of the department are to be given at the quarterly meeting of the R.M.P.A. in Norwich in May, 1951, and at the Annual General Meeting of the R.M.P.A. at Dumfries in July, 1951. I have been invited to deliver a brief course of lectures in the Department of Psychiatry at the University of Leeds on the application of electro-encephalography to psychiatry. These will be given on 4th and 5th May 1951.

The extension of electro-encephalographic work carried out by the department has involved a heavy burden on Mr. J. C. Shaw, who has hitherto been single-handed. I should like to take this opportunity to pay tribute to him for the great pains he has taken and for his unfailing co-operation.

A weekly seminar has been conducted for registrars studying for the D.P.M. This has taken the form of presentation of neuro-anatomical, neuro-physiological and psychological subjects, with special bearing upon clinical psychiatry. A course of weekly lectures on systematic psychiatry has been instituted. Recent papers of special interest or topical problems in neuro-psychiatry are discussed at a 'Journal Meeting' attended by all members of the Medical Staff and the Staff of the Psychological and E.E.G. Departments, which is held twice a month. A course of addresses by workers in various specialised fields in neuro-psychiatry has been planned.

The first of these addresses was delivered by Dr. John Lovett-Doust of the Institute of Psychiatry, who gave us an account of his work on certain important problems of psychosomatic medicine and an outline of some of the work carried out by the unit under the direction of Dr. Harold Wolff at Cornell University, U.S.A., where Dr. Lovett-Doust had recently worked. His address was of the greatest interest and the meeting was a very great success."

Papers delivered or published during the year by members of the Staff of the Hospital were as follows :

1. "Memory Studies in Electric Convulsion Therapy," by Moyra Williams. *Journal of Neurology, Neurosurgery and Psychiatry*, *February, 1950*.
2. "Disorders of Temporal Judgment Associated with Amnesic States," by Moyra Williams and O. L. Zangwill. *Journal of Mental Science*, *April, 1950*.
3. "A Follow up investigation of 330 cases treated by Pre-frontal Leucotomy," by E. Stengel. *Journal of Mental Science*, *July, 1950*.
4. "Changes in the electrical activity in the brain produced by Convulsive treatment," by Martin Roth. Delivered at the International Congress of Psychiatry, *26th September, 1950*. Published in the *Daily Journal of the International Congress*, *21st September, 1950*.
5. "Psychological changes induced by E.C.T." by Martin Roth and R. R. Hetherington. Delivered at the International Congress of Psychiatry, *21st September, 1950*. (Based on work carried out at the Crichton Royal, Dumfries).
6. "The Design of Psychiatric Establishments," by Joshua Carse. Delivered at the International Congress of Psychiatry on *Friday, 22nd September, 1950*.
7. "Changes in the Barbiturate E.E.G. induced by Convulsive Therapy," by Martin Roth and W. S. McClatchey. Read at the Annual General Meeting of the Electro-encephalographic Society on *30th September, 1950*.
8. "Memory Studies in Electric Convulsion Therapy," by Moyra Williams. *Journal of Neurology, Neurosurgery and Psychiatry*. *November, 1950*.
9. "Intelligence Testing," by the late M. B. Brody and Moyra Williams. In "Recent Progress in Psychiatry," edited by G. W. T. H. Fleming, London. J. & A. Churchill, Ltd., *1950*.
10. "Problems of Old Age and the Senile and Arteriosclerotic Psychoses," by Martin Roth. In "Recent Progress in Psychiatry," edited by G. W. T. H. Fleming, London. J. & A. Churchill, Ltd., *1950*. (Based on work at Crichton Royal, Dumfries).
11. "Some Physiological aspects of E.C.T." by Martin Roth. Delivered at the Annual General Meeting of the International League against Epilepsy, *2nd February, 1951*.
12. "Changes in the E.E.G. under barbiturate anæsthesia produced by E.C. T. and their significance for the theory of E.C.T. action," by Martin Roth. In the Press.

Papers in preparation :

1. "Problems in the diagnosis and classification of Mental Disease in Old Age," by Martin Roth and J. D. Morrissey. To be read at the Quarterly Meeting of the R.M.P.A., Norwich, *May, 1951*, and subsequently submitted for publication.
2. "A theory on E.C.T. action and its bearing upon the biological

significance of epilepsy," by Martin Roth. To be read at the Annual General Meeting of the R.M.P.A. in *July, 1951*, and subsequently submitted for publication.

3. "The significance of the electro-encephalographic changes produced by E.C.T. for certain problems in frontal lobe function, by Martin Roth.

9. EARLY TREATMENT CENTRE.

A special Treatment Centre for recent co-operative patients remains our greatest need. It is believed that such a unit would provide an ideal environment and that treatment would have an enhanced effect. Locally, everything is in readiness; the scheme has been approved, a suitable site acquired, and plans prepared. As the necessary financial outlay would be considerable, there are, unfortunately, no prospects of such a unit being built for some considerable time and this major extension of our psychiatric services must, therefore, await better days.

10. HOSPITAL STAFF.

Medical.—The present medical staff consists of Dr. E. P. H. Charlton, Deputy Medical Superintendent, Dr. Martin Roth, Director of Clinical Research, Dr. David Rice, Consultant Psychiatrist, Dr. Nydia E. Panton, Psychiatrist, Dr. J. D. Morrissey and Dr. D. F. Macgregor, Senior Registrars, Dr. J. Towers and Dr. M. Salzmann, Registrars, and Dr. R. H. Park, Junior Hospital Medical Officer. The Hospital has been approved by the Regional Hospital Board for the training of Registrars and Dr. G. I. Tewfik and Dr. H. C. Fisher have been seconded here as part of their training. At present there are vacancies for one Psychiatrist and one Junior Hospital Medical Officer.

Plenty of opportunity has been given to the junior members of the staff to gain experience in all branches of adult psychiatry, both in the hospital and extra-murally, and to receive daily valuable coaching and clinical instruction. In addition, systematic lectures and seminars are given by the Director of Clinical Research and the Psycho-therapist. Those members of the staff preparing theses for the M.D. degree or doing other original work also have the advice and guidance of Dr. Roth and his department.

As well as the Wednesday evening clinical meetings, which have been held regularly, there are two Journal Meetings each month when recent and important papers are considered in

detail. There are also daily medical staff meetings for the purpose of discussing the many clinical and medical administrative problems which constantly arise.

The Group Medical Advisory Committee has again been of great assistance in making recommendations on the welfare and treatment of the patients and staff. This year, the Chairman is Dr. Charlton and the Honorary Secretary is Dr. Rice.

Nursing. Senior Staff.—The Matron, Miss Lilian A. De Gras, has to assist her Miss S. Grealy, Deputy Matron, Miss Mary Caird, Senior Assistant Matron, and Miss Rosalind Wheeler, Junior Assistant Matron. Miss Beatrice Nash is the Sister Tutor. There is a vacancy for one Assistant Matron.

The Chief Male Nurse, Mr. S. G. Richards, has Mr. H. G. Clinch as his Deputy, and Mr. S. G. Whitehead as his Senior Assistant.

Nurses and Male Nurses.—There has been a further slight improvement in the numerical strength of the nurses but we are still below our full establishment. We have been fortunate, however, in having the assistance of part-time nurses, and through their being regular and dependable in carrying out their hours of duty we have been able to maintain a 96-hour fortnight. On the male side there has been practically a full complement of staff.

All new recruits to the nursing staff are given a course of tuition in the Preliminary Training School. Each course lasts from 10 to 12 weeks.

The accommodation now available for the nursing and domestic staff is most satisfactory. Woodfield House was opened in June as an annexe to the Nurses' Home and there is now no shortage of suitable rooms for the female staff. By the re-allocation of certain rooms in the hospital we have been able to improve greatly the living conditions of the resident male nurses and at last I am able to report that no nurse or male nurse is accommodated in rooms in the actual wards of the hospital. The Home Hostess, Mrs. Rawlins, devotes her time to the welfare of the staff and always we are endeavouring to introduce improvements and refinements.

The Staff Social and Athletic Club has had a most successful year. This is a registered club with a very active and energetic committee of management and it caters for the

social and recreational requirements of all sections of the staff, whether resident or non-resident.

Examination Results.—Royal Medico-Psychological Association—two nurses passed the Final Examination. General Nursing Council—eight nurses and six male nurses passed the Preliminary Examination and four nurses and six male nurses passed the Final Examination.

11. OFFICIAL VISITS.

9th May, 1950	Ex-Services Welfare Society—Captain Napier.
31st May, 1950	Commissioners of the Board of Control—Dr. G. A. Lilly and Dr. J. Fraser M. Campbell.
29th August, 1950	Ministry of Pensions—Sir Francis Prideaux.

CONCLUSION.

It gives me very great pleasure to tender my sincerest thanks to all my colleagues for their willing assistance and co-operation and to you, Mr. Chairman, Ladies and Gentlemen, for your encouragement and support.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOSHUA CARSE.

Medical Superintendent.

ANNUAL REPORT OF THE SECRETARY, FINANCE AND SUPPLIES OFFICER.

GRAYLINGWELL HOSPITAL,
CHICHESTER.

31st May, 1951.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the year ended 31st March, 1951:—

1. GENERAL ADMINISTRATION.

All departments have experienced a strenuous year, and it is satisfactory to report that progress has been made in many directions.

When the Hospital was opened 54 years ago, accommodation was provided for 450 patients with an administrative capacity designed on a scale considered sufficient for 600 beds.

Since that time, blocks have been added and separate villas erected bringing the total beds up to 1,150, but no commensurate structural additions have been made to the administrative departments; consequently a series of make-shift expedients have been employed to enable existing departments to expand and to allow of new ones being established.

Hitherto there appeared to be no possibility of relieving the pressure on space without embarking on an extensive building programme; with the closing down of the Hospital Laundry, however, the spacious premises which it occupied have become available for other purposes and the opportunity is being taken to provide a new General Stores, a Central Linen Stores and a more commodious Needleroom. Some of the rooms now used for storage purposes are to be converted into a suite of offices for administrative staff who at present are working under overcrowded and generally unsatisfactory conditions.

2. FINANCE.

At the time of writing this report, the accounts for the previous year have not been closed. It would appear, however,

that gross expenditure will approximate to the revised estimated figure and that direct credits will show a substantial excess due to increases in income from the Farm and from the Patients' Canteen.

The assistance which we have received from Mr. N. Doyle, the National Health Service Auditor, Mr. J. R. Parry and his assistant audit staff is gratefully acknowledged.

3. SUPPLIES AND CATERING.

Delayed delivery dates and constant rises in prices were the main difficulties encountered by the Supplies Department during the year.

Limits on expenditure have, of necessity, slowed down the refurnishing programme, but a substantial amount for this purpose has been included in the financial estimates and it is to be hoped that progress in this respect will be possible during the current year.

The central Dining Room for senior staff has been an unqualified success and the extension of this system of restaurant feeding to other sections of the staff is highly desirable.

Careful and constant attention has been given to all aspects of catering and medical and lay staff have collaborated to ensure that the meals provided are nutritional, varied and appetising. The nursing staff also co-operate by submitting daily reports on the food as it is received in the Wards; these, with similar reports from the staff dining rooms, are of great assistance to all of us who are concerned with catering. The kitchen staff are responsible for the preparation of an average of 4,800 meals each day and the praise and commendation which are regular features of these reports are a great encouragement and also an incentive to them in carrying out this important task. On the other hand, the comparatively few complaints which are received are promptly investigated and appropriate action taken when necessary. The Staff Dietary Committee, which meets monthly, is also of considerable help.

Until comparatively recently, only a few Wards had facilities for boiling water and it was therefore necessary for tea and coffee to be made in bulk in the main Kitchen and

then distributed throughout the Hospital. This was not a very satisfactory procedure and I am glad to report that, with one exception, the Wards are now able to make their own hot beverages. This was made possible by the purchase of gas water heaters which, since their installation last year, have given efficient service. The remaining Ward is at present without a gas supply but instructions have been given for the connection to be made as soon as possible.

The Sister Tutor has periodically lectured to all members of the kitchen staff on food hygiene and we are most grateful to her and Matron for the interest and trouble they have taken in this matter.

The fly-killing apparatus in the Kitchen and the Stores has been highly effective and warrants consideration being given to similar installations in other parts of the Hospital.

In the Bakehouse, a partition has been erected between the furnaces and the ovens which has greatly facilitated the work of the staff in maintaining cleanliness.

4. ENGINEERING DEPARTMENT.

The Resident Engineer and his staff have had another busy year and are confronted with a very full schedule of future works; they have executed all necessary repairs and carried out a considerable amount of internal and external redecoration with their usual efficiency and thoroughness. In addition, many new works of varying importance have been completed.

A summary of the Engineer's report is appended (Appendix "A").

5. FARM AND GARDEN.

In his report (Appendix "B"), the Farm Bailiff has referred to the success of the Shorthorn Dairy Herd in winning for the third successive year, the "North" Challenge Cup, which is awarded to the herd with the highest average milk yield in the County and South-Eastern Region. Since the report was written, National Records have been published which show that the average yield of 12,260 lbs. was the second highest for the breed in the Country for last year, and that our average over a period of three years was also

the second highest.

Supplies to the Hospital of farm and garden produce have been ample in quantity and of a high standard in quality. The Farm is undoubtedly a valuable asset to the Hospital and it affords us satisfaction to know that we are able to share its advantages with our colleagues in local General Hospitals by supplying them with large quantities of potatoes and other produce.

Having regard to the important contribution which the Farm is making to the administration of hospitals in this area, it is to be hoped that the long delayed reorganisation scheme will be proceeded with in the near future. An extension of the farm irrigation scheme is also desirable in order to mitigate against the effects of a drought such as was experienced two years ago.

Improvements to the sanitary arrangements for garden staff are also needed and this work is to be carried out as soon as materials and labour are available.

6. CONCLUSION.

My thanks are due to many people and especially to Dr. Carse for his unfailing help and advice. I am grateful to the senior officers of the Regional Hospital Board for their co-operation and to all my colleagues and the staff in general for the assistance which I constantly receive from them

Finally to you, Mr. Chairman, Ladies and Gentlemen, I would express my appreciation of your consideration and encouragement.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

E. C. ENGLAND,

Secretary, Finance & Supplies Officer.

(Appendix "A")

SUMMARY OF RESIDENT ENGINEER'S REPORT.

The total consumption of electricity was 468,350 units of which 267,370 units were generated at a cost of 2.65d. per unit and 200,980 units were supplied by the Southern Electricity Board at 1.6d. per unit.

The Diesel generating sets have been thoroughly overhauled during the year and are in a satisfactory condition with the exception that that main cylinder liners in the 4 cylinder engine are very worn and will soon need replacement. There have been no "shut-downs" or power-cuts on the public electricity supply and only an occasional slight voltage drop.

29,931,000 gallons of water were purchased from the City and 9,048,800 gallons were pumped from the Hospital well, a total consumption of 38,979,800 gallons. This compares with a consumption of 45,031,280 gallons during the previous year, the decrease being due to the closing down of the Hospital Laundry.

Satisfactory reports have been received from the Insurance Company on the condition of the boilers, feed pumps and calorifiers.

In addition to ordinary repairs and redecorations, the following are among the new works which were completed:—

Central Dining Room for senior officers.

Installation of new X-Ray apparatus and electricity supply converted.

Occupational Therapy Hut completed.

Venetian shutters in M.A.1 Ward replaced by sliding sashes and casements.

Gas mains extended to 6 Wards.

Gas Water Heaters installed.

Partition erected in Bakehouse.

Carding Machine and Dust Extractor installed.

Operating Theatre lighting circuit converted to A.C. and new Theatre lamp installed.

Conversion of laundry buildings to General Stores, Central Linen Stores and Needleroom (now in progress).

J. C. CHYNOWETH,

Resident Engineer.

9TH MAY, 1951.

(Appendix "B")

SUMMARY OF FARM BAILIFF'S REPORT.

I am pleased to report a fairly successful year on the Farm, Gardens and Grounds, results from all departments having reached a high standard.

Several local hospitals have been regularly supplied with potatoes and vegetables which were surplus to the requirements of Graylingwell Hospital.

The Farm was successful in the Chichester and District Farms Competition, gaining first position in Class 2 (200-400 acres).

The attested Shorthorn herd was again successful in milk records, having the highest yield (12,260 lbs.) in the County and South-Eastern Region for the breed. The "North" Challenge Cup is therefore retained for the third year in succession.

The Church was tastefully decorated for the Harvest Festival services and was much appreciated by patients and visitors.

Over 2,000 pot plants and 4,000 bunches of flowers were supplied to the Hospital during the year.

Patients have rendered valuable assistance in all departments.

W. H. HIGGOTT,

Farm Bailiff.

31ST MARCH, 1951.

REPORT OF THE COMMISSIONERS OF THE BOARD OF CONTROL.

GRAYLINGWELL HOSPITAL,
CHICHESTER.

31st May and 1st June, 1950.

On visiting Graylingwell Hospital, one is impressed by the efforts made by Dr. Joshua Carse, the Medical Superintendent and his colleagues to keep in constant touch with the people and general practitioners, in the surrounding towns which this hospital serves, bringing before them the value of psychiatric treatment.

There were 738 admissions during 1949, 262 men and 476 women, an increase of 162 on the figures of 1948; the vast majority, 556, were voluntary patients, only 181 were certified and of these 94 became voluntary patients at the expiration of the 7 days detention ordered by the urgency order under which they were originally admitted. During 1949, 581 patients (196 men and 385 women) left the hospital; of these 307 recovered, a further 235 were sent home relieved, making a total discharge rate of 73.5 per cent. These figures are very satisfactory.

While discussing the movements of patients it is to be noticed that 156 died during this year, a mortality rate of 14.1; this appears high—it is due to the large numbers of old patients admitted of both sexes in a poor state of health—if all these admitted over 70 years of age are eliminated, the mortality rate becomes 6.3, which perhaps gives a truer picture.

Five died of pulmonary tuberculosis, but most of the patients died of senile, or circulatory, or respiratory (other than tubercular) diseases presenting no unusual features. There were 22 severe casualties, 13 women and 9 men, none of which call for comment. One inquest was held, it was reported to our Board at the time. The health of the patients at present remains good, there are 8 cases of pulmonary tuberculosis, 4 men and 4 women, but all of these are not active; there is no dysentery or other epidemic disease.

Most comprehensive clinical investigations are carried out with regard to every patient on admission and results are noted in the clinical records, but also in a file kept in the pathological

laboratory—thus facilitating most rapid reference. The laboratory is in the charge of a chief technician, who has an assistant and a student in training. He has also in his control the x-ray plant, where during 1949, no less than 1,150 patients were x-rayed. In both departments we noticed some of the most modern equipment, some even not yet set up owing to their unsuitability for the existing electric current. Steps are being taken to overcome this difficulty.

Development of the work done with the electric encephalograph, operated by a full-time technician, under the direction of the Consultant Physician in Neurology, is taking place: the work done with this machine up to the present has been mostly for diagnostic purposes but good opportunities present themselves for research, not necessarily limited to patients in Graylingwell Hospital itself. We visited all the specialists departments. The operating theatre unit is large, designed we were assured with the most modern facilities and well equipped. We noticed a Coxeter King anæsthetic apparatus and additional surgical rooms are to be incorporated. The dental room and the other departments are all in frequent use, some consultants attending weekly, others more often and some at request. The only service which the Medical Superintendent feels is inadequate is that of the dental surgeon who owing to pressure of work cannot come more than once a week.

Most of these departments have been re-arranged and are in the process of further changes, owing to the space for the general bathrooms having become vacant (bathing is now done in the wards) and owing to laundry space becoming free; most of the laundry is now no longer washed at Graylingwell, but sent to a central laundry. Only foul laundry is washed in the hospital and we consider the arrangements for this are satisfactory.

The pharmacy has been moved from one room to another and, in discussing matters with the pharmacist, found him very satisfied. He inspects the medicine cupboards every quarter; the pattern we inspected in one ward was of good design and the nurses realised the importance of using the shelves correctly.

In our tour of the wards, we were struck by the tranquility of the patients even of those in the long stay wards. They talked and answered quite readily and admitted they wanted to go home but there was an absence of unruly and noisy demands or abuse. The wards appeared comfortably furnished,

more and more soft seats being steadily provided. Hot water boilers are being installed in their kitchens. The 10% overcrowding was not obtrusive and only in a few did we notice the extra beds. The last of the beds used by the E.M.S. were given up during 1949 ; thus the beds at Graylingwell are now up to the pre-war level. It is now possible to work the hospital with three admission units. All patients are at first admitted to Summersdale Villa and are immediately graded according to their behaviour and mental state. Every kind of treatment, physical and therapeutic, is tried, but only as a last resource is leucotomy performed ; the only treatment that has been tried and has had to be discontinued is that by electro-narcosis ; the results did not justify the great discomfort to the patient. It is to be noted that cardiazol is still used with benefit in some cases.

A large double unit for deep insulin therapy, capable of 16 (8 of each sex) cases being treated daily is in operation.

In all our discussions with the Sisters and Charge Nurses and technicians we were impressed by the enthusiasm each had for his or her own method of treatment ; as no patient is given up until they are better or have tried everything, it must be difficult sometimes to apportion the credit for eventual recovery. Although the discharge figures are high, some patients remain after having undergone every conceivable kind of treatment and these long standing cases are well catered for by social therapy in the hospital. All the well established methods of communal entertainment are in full force and constantly being improved, see the new projection room with double projector. Dancing, musical concerts, classical and others, art classes, musical appreciation evenings, are all made available to the patients and a library run by the Chaplain, with books provided by the St. John and Red Cross Hospital Library, is much appreciated.

The shops and occupational units were in good order, with plenty of equipment and material ; patients were working busily and happily in all of them. Great regard is given to occupational therapy ; the Head Occupational Therapist has no less than three qualified assistants and two carpenters to help her : it is claimed that 75% of the patients are occupied and another occupational hut is in the course of erection.

The canteen is much used ; the provision of a further room in which the patients could consume what they bought is a

project which will be added if the financial frame will stretch sufficiently.

In addition to all this, there are activities run and initiated by the patients themselves. Two social clubs and a magazine called the Wishing Well are kept in being by the patients who meet frequently every week and organise intellectual group pursuits among themselves.

The medical staff conduct out-patient clinics at Worthing Hospital, at Horsham and the Royal West Sussex Hospital at Chichester; besides this, evening clinics are held at Graylingwell itself for those who live near, and also at a centre (Acre) at Worthing, a building containing 18 beds—13 for women and 5 for men. This building is a delightful very large house in Worthing, where besides providing the last stepping stone before discharge recovered for many patients from Graylingwell, it accepts specially selected cases through the Worthing hospital clinic and they receive most comprehensive treatment from the resident doctor.

In addition to these out-patient clinics the medical staff of Graylingwell are in charge of psychiatric beds in the Royal West Sussex Hospital, where the treatment of specially selected cases has been very successful; the usual therapies have been E.C.T., modified insulin and occupational and social therapy.

The medical staff also run clubs, not in Graylingwell Hospital itself, but in Chichester at the Health Centre; meetings take place in the evenings, when all kinds of group discussions take place, musical evenings, games evenings and talks by outside lecturers, all tend to help the recovered patients keep in touch with the medical staff of Graylingwell.

All this work by the medical staff has necessitated the engagement of a third psychiatric social worker, but not until April of this year was the post filled. The Matron informed us that she, by the use of part-time nurses, did not find it excessively difficult to staff her wards, but she feared for the future as the supply of younger women for training was woefully inadequate; on the male side, no difficulties as regards numbers arise.

Many changes among the medical staff took place. Dr. Buttle left in October to go to Fulbourn Hospital, Cambridge, and Dr. A. J. Oldham left to go to the Maudsley Hospital, London. It is sad to hear of the death of Dr. M. B. Brody, who died in December, 1949, who will be missed by all at Graylingwell.

Dr. Carse has to help him at present, Dr. E. P. H. Charlton as consultant psychiatrist and deputy Medical Superintendent, Dr. D. Rice and Dr. N. E. Panton as psychiatrists (S.H.M.O.), Dr. J. D. Morrissey as Senior Registrar, Dr. M. M. Salzmann and Dr. J. Towers as registrars, and Dr. R. H. Park as J.H.M.O. and Dr. D. F. Macgregor as registrar in training. These medical men help Dr. Carse both at Graylingwell and in doing the extra mural work.

Dr. Olive Sharp attends Graylingwell as part-time psycho-therapist and Dr. D. P. King as pathologist.

We would like to thank Dr. Carse and the members of his staff, especially Mr. England the Secretary, Miss de Gras the Matron, and Mr. Richards the chief male nurse, for the arrangements made for us and the assistance given to us during our visit.

(Signed) G. A. LILLY.

J. FRASER M. CAMPBELL,

Commissioners of the Board of Control.

CHAPLAIN'S REPORT, 1951.

25th May 1951.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my sixth annual report for the year ended the 31st March 1951.

Much help was received from Dr. Carse, Mr. England and the Medical and Nursing personnel and all other sections of the permanent staff.

Divine Services were conducted every Sunday, morning and evening, and on the Great Festivals, when the Church was beautifully decorated under the personal supervision of the Farm Bailiff. The Doctors, Nurses and patients have assisted in these services by reading the Lessons, playing the Organ and singing in the Choir. The note of Praise and Thanksgiving was emphasised and the hymns, prayers and addresses were chosen to encourage faith in God's love and care for each one. I should like to thank the Choir and Organist and all who have helped to this end. A short Evening Prayer was said in Richmond Villa every Friday afternoon for those unable to attend Church.

A moving rendering of Stainer's "Crucifixion" was given by an augmented Choir conducted by Mr. Ernest England in the Church on Good Friday and a Carol Service, with special lessons read by members of the staff, was sung on Christmas Eve.

Celebration of Holy Communion, prepared under the direction of the Matron, took place once every month and on all Festivals both in the Church and in the Sick Bays. Private Communion was also given, when required.

Ten funeral services were taken at Chichester Cemetery. The wife of one of the members of the Staff was prepared and presented to the Bishop for Confirmation. I was pleased to officiate at the Marriage of two members of the Staff and at the Baptism of the son of a Medical Officer.

The visitation of the Wards, Sick Bays and Occupational Therapy Centres took place on Tuesday, Wednesday, Thursday and Friday each week. These visits enable the Chaplain to re-assure patients, to alleviate their fears and to encourage them to co-operate with the Staff with a view to their recovery.

The message of God's presence and mercy brings hope and peace and strength to many hearts and, with the treatment they receive in the Hospital, enables them to face life again. Often it is impossible to help patients, except by prayer, until treatment begins to lift their depression or disentangle their thoughts. Then they seem most ready to receive the Church's ministrations. No work could be more encouraging.

Further contact with the Staff and patients was made at the social functions and on the cricket and football fields.

The friendliness of the Staff makes my job in the Hospital a very happy one and I desire to thank them all.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOHN C. SALISBURY.

THE FREE CHURCH CHAPLAIN'S REPORT.

22nd May, 1951.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my fourth annual report on my work as Free Church Chaplain at the Hospital during the past twelve months.

The close and cordial co-operation I have enjoyed with the Rev. Salisbury has continued to contribute in large measure to the scope and usefulness of my work. Visitation of the wards and various departments of the Hospital has led to the making of personal contacts with both patients and staff which I have come to value greatly.

I have given especial time to the Occupational Therapy Department's activities. In particular, the weekly Community Singing and Percussion Band gatherings have been well sustained throughout the year. The music has included works by the great masters and secular and sacred choral music, together with carol-singing at Christmastime.

It has again been my privilege to conduct the evening worship in the Church on the second Sunday of each month and large congregations have been present throughout the year.

I am very grateful for the unfailing help which has been at all times given me by Dr. Carse and all members of the staff.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

P. J. SPOONER.

THE R.C. CHAPLAIN'S REPORT.

12th June, 1951.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my report for the year ended 31st March, 1951.

During the Winter, in view of the age of some of the patients and the rather harsh weather, we decided after consultation with Dr. Carse, temporarily to alter the time of Tuesday's Mass in the Hospital to 9.15 a.m. The change has met with general approval from both the staff and patients. The latter also appreciate the fact that they are allowed (when sufficiently well) to attend Sunday Mass in St. Richard's Parish Church, Chichester, and avail themselves of the transport provided for the Nursing Staff.

In addition to the weekly Mass, both patients and staff were given ample facilities for Confession and Holy Communion. The Wards were regularly visited and Holy Communion was given to those unable to attend Mass. In all cases of serious illness (happily very few), the Last Sacraments were administered.

During the year the Catholic Drama Club presented a number of plays for the entertainment of the patients and in this connection we may mention that we are encouraging the Nursing Staff to take an active part in the working of this Drama Club in the belief that by doing so they will be better equipped to take part in the social life of their patients.

The Catholic Nurses Guild—to which most of the Catholic Staff belong—continues to be very active and had the privilege last year of hearing lectures from Dr. Holland, D.S.O., Monsignor McClements, (R.C. Chaplain to London University) and Miss A. Gambier.

Finally we would like to express our appreciation of the co-operation we have received from everyone during the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. B. HARTE.

General Table, showing the Movement of the Hospital Population during the year, 1950.

	Voluntary			Temporary			Certified			Total			Voluntary			Temporary			Certified			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
On the Hospital Registers, 1st January, 1950 ...	151	292	443	—	1	1	242	434	676	393	727	1120												
Total cases admitted during the year ...	207	369	576	—	—	—	47	112	159	254	481	735												
Regradings ...	20	58	78	2	1	3	-22	-59	-81	—	—	—												
Total cases under Treatment during the year ...																								
Cases discharged, departed or transferred during year :—																								
Recovered ...	122	199	321				5	8	13	127	207	334												
Relieved ...	81	188	269				5	12	17	86	200	286												
Not Improved... ..	13	16	29				2	3	5	15	19	34												
By operation of law ...							1	—	1	1	—	1												
Died during the year ...	13	24	37	2	1	3	19	33	52	34	58	92												
Total cases discharged, and died, during the year ...	...	...	...	...	...	...	...	...	...	...	...	...
On the Hospital Registers 31st December, 1950 ...	...	...	...	...	...	...	...	...	...	...	...	...
Average daily number resident during the year ...	...	...	...	...	...	...	...	...	...	...	...	...
	150	292	442	—	1	1	241	433	674	391	726	1117												
	149	292	441	—	1	1	235	431	666	384	724	1108												
	229	427	656	2	1	3	32	56	88	263	484	747												
	378	719	1097	2	2	4	267	487	754	647	1208	1855												

Table showing the Admissions, Discharges and Deaths with the mean Annual Mortality, and Proportion of Recoveries per cent. on Admissions.

Year	Admitted						Discharged						Died			Remaining 31st Dec.			Average Number Resident						Percentage of Recoveries on Admissions ex- cluding Transfers						Percentage of Deaths on Average Number Resident					
	Recovered			Relieved			Not Improved																													
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T						
	1920	54	88	142	12	17	29	1	4	5	...	4	4	16	15	31	227	348	575	213	325	538	27.90	27.40	27.61	7.50	3.99	5.37	6.94	6.16	6.48					
1921	61	82	143	18	38	56	2	6	8	1	5	6	17	22	39	250	359	609	245	357	602	35.29	51.35	44.80	6.94	6.16	6.48	3.39	2.51	2.85						
1922	79	111	190	9	20	29	3	7	10	10	14	24	9	10	19	298	419	717	265	397	662	20.93	35.71	29.29	3.39	2.51	2.85	4.97	3.42	4.06						
1923	44	86	130	13	20	33	7	14	21	3	8	11	15	15	30	304	448	742	302	438	740	35.13	25.64	28.69	4.97	3.42	4.06	9.18	5.17	6.77						
1924	58	75	133	19	22	41	5	9	14	7	15	22	27	23	50	304	454	758	294	444	738	38.77	35.48	36.93	9.18	5.17	6.77	7.87	4.07	5.69						
1925	52	88	140	18	34	52	7	13	20	3	33	36	24	18	42	305	441	746	305	441	746	36.73	43.03	40.62	7.87	4.07	5.69	6.89	3.95	5.30						
1926	57	82	139	19	28	47	10	10	20	1	1	2	21	18	39	310	469	779	304	455	750	35.18	36.84	36.15	6.89	3.95	5.30	7.28	7.43	7.20						
1927	68	85	153	15	22	37	5	13	18	4	3	7	23	35	58	331	481	812	316	471	787	23.08	28.57	26.06	7.28	7.43	7.20	7.29	4.77	6.10						
1928	76	107	183	23	31	54	5	5	10	1	4	5	25	24	49	353	524	877	343	502	845	33.82	31.96	32.72	7.29	4.77	6.10	6.48	8.24	7.51						
1929	77	97	174	24	27	51	6	14	20	26	11	37	23	43	66	351	526	877	355	522	877	33.80	30.34	31.87	6.48	8.24	7.51	7.79	4.54	5.80						
1930	68	88	156	20	33	53	3	10	13	9	4	13	28	24	52	359	543	902	353	529	882	31.75	43.42	38.13	7.79	4.54	5.80	6.60	4.90	5.67						
1931	69	117	186	18	44	62	8	15	23	11	9	20	24	27	51	367	565	932	362	551	913	30.00	40.00	36.50	6.60	4.90	5.67	10.30	5.90	7.75						
1932	88	122	210	23	43	66	11	15	26	5	15	20	38	34	72	378	580	958	370	571	941	29.10	38.50	34.60	10.30	5.90	7.75	6.30	5.70	5.92						
1933	89	132	221	30	69	99	11	15	26	13	7	20	24	33	57	389	588	977	380	582	962	36.60	56.60	38.50	6.30	5.70	5.92	11.40	8.50	9.60						
1934	128	175	303	49	60	109	16	20	36	7	20	27	45	51	96	400	612	1012	397	600	997	41.00	36.60	38.40	11.40	8.50	9.60	9.50	5.90	7.30						
1935	113	164	277	35	76	111	8	18	26	8	8	16	38	37	75	424	637	1061	401	622	1023	34.00	47.20	42.00	9.50	5.90	7.30	8.40	8.10	8.20						
1936	106	154	260	43	73	116	16	25	41	3	12	15	36	51	87	432	630	1062	426	629	1055	41.70	49.30	46.20	8.40	8.10	8.20	9.50	10.10	9.90						
1937	116	186	302	48	67	115	19	25	44	10	13	23	41	64	105	430	647	1077	430	634	1064	43.20	37.00	39.40	9.50	10.10	9.90	9.70	6.50	7.80						
1938	105	174	279	29	67	96	18	37	55	19	18	37	41	42	83	422	643	1065	422	643	1065	29.30	42.90	37.60	9.70	6.50	7.80	8.90	9.40	9.20						
1939	128	221	349	42	82	124	33	38	71	10	19	29	38	60	98	417	643	1060	425	638	1063	35.60	41.00	39.00	8.90	9.40	9.20	10.90	9.60	10.10						
1940	128	182	310	40	86	126	42	32	74	12	7	19	45	61	106	406	639	1045	414	637	1051	32.20	48.90	42.00	10.90	9.60	10.10	8.30	11.80	10.40						
1941	108	225	333	41	61	102	18	42	60	9	10	19	34	75	109	412	676	1088	409	633	1042	39.40	35.20	36.80	8.30	11.80	10.40	8.31	10.07	9.40						
1942	92	176	268	52	81	133	16	29	45	5	3	8	34	67	101	397	672	1069	403	665	1074	57.77	46.55	50.37	8.31	10.07	9.40	10.02	7.38	8.35						
1943	119	194	313	50	123	173	22	20	42	11	7	18	39	49	88	394	657	1061	389	664	1053	42.37	64.06	55.80	10.02	7.38	8.35	9.60	8.30	8.80						
1944	124	236	360	62	132	194	25	37	62	8	1	9	37	56	93	386	677	1063	385	671	1056	51.20	57.10	55.10	9.60	8.30	8.80	11.16	10.13	10.51						
1945	150	289	439	71	163	234	22	46	68	7	11	18	43	68	111	393	679	1072	385	671	1056	47.97	57.39	54.16	11.16	10.13	10.51	11.40	9.80	10.40						
1946	205	321	526	92	174	266	44	74	118	11	12	23	45	67	112	406	677	1083	396	684	1080	44.90	54.20	50.60	11.40	9.80	10.40	12.00	11.40	11.40						
1947	224	350	574	92	191	283	73	78	151	14	14	28	42	79	121	409	665	1074	404	658	1062	41.80	56.00	50.40	10.40	12.00	11.40	10.89	6.74	8.27						
1948	208	381	583	82	158	240	68	104	172	28	20	48	44	47	91	395	717	1112	404	697	1101	40.80	42.25	41.74	10.89	6.74	8.27	17.60	12.20	14.10						
1949	264	484	748	101	206	307	72	165	237	24	16	40	69	87	156	393	727	1120	392	713	1105	38.50	43.30	41.60	17.60	12.20	14.10	8.70	7.99	8.24						
1950	254	481	735	128*	207	335*	86	200	286	15	19	34	34	58	92	384	724	1103	391	726	1117	50.60	43.40	45.88	8.70	7.99	8.24									

* Includes one patient discharged by operation of law.

Printed in the Graylingwell
Hospital Occupational
Department.